*****FORREST COUNTY SHERIFF'S OFFICE*****

Correctional Division Background Questionnaire for Employment

This questionnaire must accompany an Application for Employment with the Forrest County Sheriff's Office.

	Date:			
PERSONAL INFORM	IATION:			
Name:				
Last	First	Middle	(Maiden)	
List other names, in	cluding nicknames, tha	t you have used before:	:	
Social Security Num	ber:			
Telephone Number	:			
Permanent Address	:			
Years at Address:				
Are you 21 years old	d or older? YES or NC	r		
Do you have a valid	Driver's License? YES	or NO		
If YES, please provid	le a copy.			
Do you have reliable	e transportation? YES	or NO		
Emergency Contact	:	Ro	elationship:	
Emergency Contact	's Telephone Number: _			

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, sex, color, age religion, disability or nationality origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

BACKGROUND INFORMATION:

1.	Do you have any service obligations to the Military? YES or NO If YES, please complete the following: Pranch of Service:		
	Branch of Service: Rank:		
	ETS Date:		
	Name & location of Unit:		
2.	Have you ever served in the United States Armed Forces? YES or NO If YES, complete the following:		
	Branch of Service:		
	Date of Enlistment:		
	Date of Discharge:		
	Provide copy of DD214:		
3.	Have you ever been arrested by a law enforcement agency? YES or NO If YES, complete the following: Date(s) of Arrest:		
	Where (jurisdiction):		
	Arresting Agency(ies):		
4.	Have you ever attended a college, university, junior or community college? YES or NO If YES, complete the following: Name of School:		
	Location of School:		
	Field of Study:		
	Did you graduate? YES or NO		
	Date of graduation:		
	Type of Degree:		
	If NO, give the highest level of college or education obtained and your declared major and minor:		
5.	Have you ever attended a trade school or vocational school? YES or NO If YES, complete the following or provide a copy of your diploma: Name of School:		
	Location of School:		
	Field of Study:		

6.	Have you ever attended an accredited law enforcement officer's training academy and/or correctional officer's training academy? YES or NO						
	Did you graduate? YES or NO If YES, complete the following (or provide a copy of your certificate): Name and location of academy:						
						If VES Type of Certification:	Certificate Number:
						ii 123, Type of Certification.	Certificate Number.
7.		ons, etc. that you hold:					
EMP	PLOYMENT HISTORY:						
1.	Are you employed now? YES or NO						
	If yes, complete the following:						
	a. Name of Employer:						
	c. Telephone Number of Employer:						
	e. Employed from:	to					
2.	List your previous employers for the past ten (10) years. Include the name and address of the employer, name of supervisor, dates of employment and reason for leaving:						
	Employer:	Supervisor:					
	Employer:	Supervisor:					
	Reason for leaving:						
	Employer:	Supervisor:					
	Dates of Employment:						
	Reason for leaving:						
	Employer:	Supervisor:					

GE	GENERAL:		
1.	1. List any awards or honors that you hav	ve received:	
2.	2. List any job-related skills:		
3.	3. Why do you want to work for the Form	rest County Sheriff's Office?	
RE	REFERENCES:		
_is ⁻	ist three (3) persons not related to you,	whom you have known for at least one	e (1) year:
	1.		
	Name	Address	Years acquainted

Address

Address

Years acquainted

Years acquainted

2. Name

3. Name

AUTHORIZATION:

I certify and affirm that the information contained in this questionnaire (and application for employment and/or resume, if any) is true and correct to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this questionnaire (and application for employment and/or resume, if any) is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Forrest County Sheriff's Office.

I understand that my employment is conditioned on a background check. I authorize the Forrest County Sheriff's Office and its agents to thoroughly investigate all statements contained in this questionnaire and my application or/or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Forrest County Sheriff's Office without giving me prior notice of such disclosure. In addition, I release the Forrest County Sheriff's Office and its agents, any former employers and all references listed above from any and all claims, demands, liabilities arising out of or related to such investigations or disclosures.

I understand and agree that nothing contained in this questionnaire and my application and/or resume, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be at the will and pleasure of the Sheriff of Forrest County (per MS Code § 19-25-19) and without fixed terms. And may be terminated at any time, with or without cause, and without prior notice, at the option of either myself or the Forrest County Sheriff's Office. No promise regarding my employment have been made to me, and I understand that no such or guarantee is binding upon the Forrest County Sheriff's Office unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit medical examination or drug test at any time deemed appropriate by the Forrest County Sheriff's Office and as permitted by law. I consent to such examinations and tests, and I request that examining physician disclose to the Forrest County Sheriff's Office the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if hired a condition of my employment will be that I abide by the Forrest County Sheriff's Office Drug and Alcohol Policy.

I understand that filling out this questionnaire does not indicate there is a position open and does not obligate the Forrest County Sheriff's Office to hire. If hired, I agree to abide by all Forrest County Sheriff's Office policies, procedures, and general rules. The Forrest County Sheriff's Office retains the right to revise, update, and/or amend its policies and procedures, in whole or in part, at any time.

Date:	Applicant's Signature:	
	1.1	

For Interviewing Officer Only

Date received:		Date interviewed:
		Time interviewed:
Neatness:	Ability:	Experience:
Promptness:	Character:	Education:
Date of 2 nd Interview:		
Interviewer:		
Date hired:		
Assignment:		