

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

Enforcement Division

Background Questionnaire for Employment

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

Date: _____

PERSONAL INFORMATION:

Name: _____
Last First Middle (Maiden)

List other names, including nicknames, that you have used before: _____

Social Security Number: _____

Telephone Number: _____

Permanent Address: _____

Years at Address: _____

Are you 21 years old or older? YES or NO

Do you have a valid Driver's License? YES or NO
If YES, please provide a copy.

Do you have reliable transportation? YES or NO

Emergency Contact: _____ Relationship: _____

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:
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, 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
If YES, did you graduate? YES or NO
If YES, complete the following (or provide a copy of your certificate):
Name and location of academy: _____
Type of Certification: _____ Certificate Number: _____

7. List any professional licenses, certifications, etc. that you hold: _____

EMPLOYMENT HISTORY:

1. Are you employed now? YES or NO

If yes, complete the following:

- a. Name of Employer: _____
- b. Address of Employer: _____
- c. Telephone Number of Employer: _____
- d. Supervisor's Name: _____
- 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: _____
Dates of Employment: _____
Reason for leaving: _____

Employer: _____ Supervisor: _____
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Reason for leaving: _____

Employer: _____ Supervisor: _____
Dates of Employment: _____
Reason for leaving: _____

Employer: _____ Supervisor: _____
Dates of Employment: _____
Reason for leaving: _____

GENERAL:

1. List any awards or honors that you have received: _____

2. List any job-related skills: _____

3. Why do you want to work for the Forrest County Sheriff's Office? _____

REFERENCES:

List three (3) persons not related to you, whom you have known for at least one (1) year:

- | | | | | |
|----|-------|---------|-------|------------------|
| 1. | _____ | _____ | _____ | _____ |
| | Name | Address | Phone | Years acquainted |
| 2. | _____ | _____ | _____ | _____ |
| | Name | Address | Phone | Years acquainted |
| 3. | _____ | _____ | _____ | _____ |
| | Name | Address | Phone | Years acquainted |

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: _____

For Interviewing Officer Only

Date received: _____ Date interviewed: _____

Interviewer: _____ Time interviewed: _____

Neatness: _____ Ability: _____ Experience: _____

Promptness: _____ Character: _____ Education: _____

Remarks/Comments: _____

Date of 2nd Interview: _____

Interviewer: _____

Date hired: _____ Position: _____

Assignment: _____