



LEE COUNTY SHERIFF'S DEPARTMENT



JIM H. JOHNSON
SHERIFF

John A. Hall
Chief Deputy

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION INSTRUCTIONS

Please 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 black ballpoint pen.
2. Check your application to be sure the following attachments are enclosed before returning:
 - a. A recent, full-face photograph;
 - b. A copy of your birth certificate;
 - c. An official transcript of your high school and college (if applicable) 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.
3. Section VII., please list any special training or course completed other than the general studies in high school or course work in college. This information is inclusive of any Law Enforcement Courses, but not limited to Law Enforcement Courses.
4. Return the application and above listed attachments to:

Lee County Sheriff's Department
Personnel Department
510 N. Commerce St.
Tupelo, MS 38804
5. Any change in name, address, or telephone number must be made in writing.
6. Applications that are illegible or incomplete WILL NOT be considered.

IMPORTANT! PLEASE READ PAGE 1 BEFORE COMPLETING
Type or print in Black ink

Date of application:

NOTICE: ALL questions MUST be answered. APPLICATIONS WHICH ARE NOT COMPLETE AND LEGIBLE WILL NOT BE CONSIDERED. IF SPACE PROVIDED IS NOT SUFFICIENT FOR COMPLETE ANSWER, OR YOU WISH TO FURNISH ADDITIONAL INFORMATION, ATTACH SHEETS OF THE SAME SIZE AS THE APPLICATION AND NUMBER ANSWERS TO CORRESPOND WITH QUESTIONS.

Mail or hand deliver to:

Lee County Sheriff's
Department
510 N. Commerce St.
Tupelo, MS 38804

Position applied for:

<input type="checkbox"/> Patrol Deputy	<input type="checkbox"/> Corrections Officer
<input type="checkbox"/> Radio Operator	<input type="checkbox"/> Clerk
<input type="checkbox"/> Secretary	<input type="checkbox"/> Reserve Deputy
<input type="checkbox"/> Intern	<input type="checkbox"/> Receptionist

ALL applicants must attach items 1,2,3,4

1. A recent picture of yourself.
2. A copy of your birth certificate
3. A transcript of school record or MS GED certificate
4. A certified copy of your DD-214 (Release or discharge from active duty)

I. PERSONAL HISTORY

Last name:

First name:

M.I.

Address:

City:

State:

Zip code:

Social Security Number:

Male Female

Date of Birth:

Phone number:

Cell phone:

Have you ever legally changed your name?

No Yes: Date:

City:

Court:

II. EDUCATIONAL BACKGROUND

Educational background: Circle the highest school year completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 GED No Yes Date: _____

Name of High School	Location	Dates		Date Diploma Received
		From	To	

Name of College or University attended	Field of study or area of concentration				Dates attended		Type degree & Date obtained
	Major	Hours	Minor	Hours	From	To	

SKILLS AND EXPERIENCE:

Certified Law Enforcement Officer # _____
 Foreign language _____
 Computer skills _____
 Certified Corrections Officer # _____
 Sign language _____
 Typing WPM _____
 Other: _____
 List languages: _____

What office equipment are you familiar with: _____

License, certificate, registrations (A copy of the appropriate license or certificate must be attached if required by the job description. (MS drivers license required))

Title/Type	License number	Name of licensing agency	Specialization	Certifications date	Expiration date

List any special **ABILITY, INTEREST** and **HOBBIES** with degree of proficiency:

III. REFERENCES

Give three (3) references (NOT RELATIVES) who are responsible adults of reputable standing in their communities, such as house holder, property owners, business or professional men or women including your family physician, if you have one, who knows you well during the past five (5) years and three (3) social acquaintances in your own age group.

<p style="text-align: center;">References:</p> <p>Complete name: Home address: Phone # City: State</p>	<p>Complete name: Home address: Phone # City: State</p>
<p>Complete name: Home address: Phone # City: State</p>	<p>Complete name: Home address: Phone # City: State</p>
<p>Complete name: Home address: Phone # City: State</p>	<p>Complete name: Home address: Phone # City: State</p>
Social Acquaintances:	
<p>Complete name: Home address: Phone # City: State</p>	<p>Complete name: Home address: Phone # City: State</p>
<p>Complete name: Home address: Phone # City: State</p>	<p>Complete name: Home address: Phone # City: State</p>
<p>Complete name: Home address: Phone # City: State</p>	<p>Complete name: Home address: Phone # City: State</p>

IV. Convictions, Arrest, Detentions and Litigation

Have you ever been arrested, convicted, detained or summoned into court?

Yes No If yes, complete the following (list juvenile, as well as adult occurrences).

Crime/Charged	City and State	Date	Disposition of case

Have you ever been a party to any quasi-criminal or chancery action in Civil, County, Circuit or Chancery Court? Yes No

(Give date, place, court, names of parties involved, nature of action and final disposition)

Date	Court	Parties Involved	Nature of action	Final disposition

Are you now, or have you ever been a member of the Communist Party, U.S.A., or any communist or fascist organization? Yes No If yes, give details:

Have you ever been involved as a party in civil litigation?

Yes No If yes, give details: _____

Traffic Record

Has your drivers license ever been suspended or revoked? Yes No

If yes, complete the following:

Date of offense	Location of offense	Reason

List all driving citations you have received as an adult and juvenile, excluding parking tickets.

Month and year	Charge(s)	City and State	Disposition

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

Name	Month and year	Charge(s)	City and State	Disposition

With what company do you carry auto insurance? _____

Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations:

V. MILITARY RECORD

Have you ever served on active duty in the armed forces of the United State? Yes No

Branch of service: _____ Dates served from _____ to _____

Military occupation: _____ Rank: _____

Type of discharge: _____ Type release form active duty: _____
 Honorable Expiration of enlistment
 Hardship Retired
 Other (explain) _____ Other _____

Reserve Status: None Active Inactive Discharge date: _____

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

Branch: Army Navy Air Force Marine Corps Coast Guard

If you are in a pay status requiring drills, meeting, or camps, give unit and location:

If you were ever disciplined while in the military service, please explain circumstances in detail. List dates, nature of offense(s), 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	Fines, restrictions & confinement

VI. EMPLOYMENT

List in chronologically ALL EMPLOYMENT, INCLUDING SUMMER AND PART-TIME

Current or last employer:		Address:		Business phone
Job title:		Supervisor's name:		No. Supervised by you:
Date employed (mo/yr)	Starting salary:	Ending salary:	Reason for leaving: May we contact employer? __ Yes __ No	
Date separated (mo/yr)	Duties: _____			
Part-time __ Full-time __				

Employer:		Address:		Business phone
Job title:		Supervisor's name:		No. Supervised by you:
Date employed (mo/yr)	Starting salary:	Ending salary:	Reason for leaving: May we contact employer? __ Yes __ No	
Date separated (mo/yr)	Duties: _____			
Part-time __ Full-time __				

Employer:		Address:		Business phone
Job title:		Supervisor's name:		No. Supervised by you:
Date employed (mo/yr)	Starting salary:	Ending salary:	Reason for leaving: May we contact employer? __ Yes __ No	
Date separated (mo/yr)	Duties: _____			
Part-time __ Full-time __				

Employer:		Address:		Business phone
Job title:		Supervisor's name:		No. Supervised by you:
Date employed (mo/yr)	Starting salary:	Ending salary:	Reason for leaving: May we contact employer? __ Yes __ No	
Date separated (mo/yr)	Duties: _____			
Part-time __ Full-time __				

ALL APPLICANTS
Attach an un-mounted full-face photograph of yourself, not larger than 2 3/4 by 2 3/4 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 LEE COUNTY SHERIFF'S DEPARTMENT, TUPELO, MS
I understand that all appointments are probationary for a period of twelve (12) months, during which time the employee must demonstrate his/her fitness for continued employment by the Lee County Sheriff's Dept. 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 the basis for dismissal from the Lee County Sheriff's Dept. and I agree to these conditions.

(Signature of the applicant as usually written)

VII. APPLICANT'S AFFIDAVIT

STATE OF MISSISSIPPI

COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for said county and state, within named _____ who, being by me first duly sworn, states upon his/her 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 the _____ day of _____ 20____

My commission Expires: _____

NOTARY PUBLIC

EQUAL OPPORTUNITY EMPLOYER

VIII. AUTHORITY TO RELEASE INFORMATION FORM

Please read the following release form carefully and enter you 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 Lee County Sheriff's Dept., Tupelo, Mississippi 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 Lee County Sheriff's Dept. Tupelo, Mississippi and its representatives and release all contributing parties of such information from any charges or liabilities whatsoever because of furnishing said information.

Print name: _____

Signature: _____

Address: _____

STATE OF MISSISSIPPI

COUNTY OF _____

Personally came and appeared before me, the undersigned authority
in and for said county and state, within named _____

who, being by me first duly sworn, states upon his/her signed and delivered the
above foregoing waiver on the date therein mentioned and for the purpose therein
expressed.

Sworn to and subscribed before me this the _____ day of _____ 20____

My commission Expires: _____

NOTARY PUBLIC