

READ THESE INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your personal history statement should be printed legibly in **BLUE** ink. If the Information requested in this packet is not completely filled out or cannot be read it will be considered invalid and you will be removed from the selection process.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the personal history statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications will result in disqualification.
7. Each employer or entity listed, not to include personal references, within the Personal History Statement must be accompanied by an Authorization to Release Information form that is filled out, signed and notarized. This form is found in the back of this packet. You may make as many copies as you need.
8. ALL NEW HIRES WILL BE REQUIRED TO PARTICIPATE IN DIRECT DEPOSIT

The Lamar County Sheriff's Department is an Equal Opportunity Employer



**LAMAR COUNTY
SHERIFF OFFICE/CORRECTIONAL FACILITY
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER
THIS APPLICATION WILL REMAIN VALID FOR 90 DAYS**

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him/herself in a manner that reflects favorably upon the organization and to recognize that he/she is subject to additional public scrutiny in his/her public and personal lives.

**ALL NEW HIRES WILL BE REQUIRED TO
PARTICIPATE IN DIRECT DEPOSIT**

DATE _____ POSITION APPLYING FOR _____

Full Time _____ Part Time _____ When would you be available to start? _____

PERSONAL

Name _____

LAST

FIRST

MIDDLE

Nickname(s), maiden name or other names by which you have been known _____

Street Address _____ City, State, Zip _____

Work# _____ Home# _____ Cell# _____

Email Address _____

D.L.# _____ State _____ Type _____ Expiration Date _____

Are you at least 18 years of age? _____ Are you a U.S. citizen? _____

Height _____ Weight _____ Eye color _____ Hair color _____

Emergency Contact _____ Phone # _____

Have you ever been employed by Lamar County? _____

When? _____ Where? _____

How Long? _____ Reason for leaving? _____

List any relatives working for Lamar County and where they are employed _____

PAST RESIDENCES

List all addresses where you have lived during the past 10 years, beginning with present address. List by month and year. Attach extra page if necessary.

FROM

TO

ADDRESS

EDUCATION

School or College Attended

Graduated Yes/No

Major

List name and address of any trade, vocational, business or other schools attended, course of study or certificates and any other pertinent information.

SPECIAL QUALIFICATIONS/SKILLS

List the name and dates of any law enforcement training courses attended.

LICENSES/CERTIFICATIONS/ORGANIZATIONS OR JOB RELATED TRAINING

TYPE/COURSE	STATE	YEAR COMPLETED OR LICENSE EXPIRES
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ARE YOU FLUENT IN A FOREIGN LANGUAGE

If yes, indicate your fluency in each of the following areas (excellent, good, fair)

<u>Language</u>	<u>Reading</u>	<u>Speaking</u>	<u>Understanding</u>	<u>Writing</u>
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List any other special skills or qualifications you may possess relevant to this application.

MILITARY RECORD

Have you served in the U.S. Armed Forces? _____ If yes, date of service From _____

To _____ Branch of Service _____ Unit Designation _____

Military Service Number _____ Highest Rank Held _____

Last Unit Phone Number _____ First Line Supervisor _____

Type of Discharge (If you received a discharge other than Honorable give complete details below)

Were you ever disciplined while in the military service (including court-martial, captains masts, company punishment, etc.) Yes _____ No _____ If yes please give details below

<u>CHARGE</u>	<u>AGENCY</u>	<u>DATE</u>	<u>TIME</u>	<u>DISPOSITION</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment held for the past ten (10) years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

FROM _____ TO _____ SALARY _____
EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____
SUPERVISOR _____
NAME OF CO-WORKER _____
REASON FOR LEAVING _____

FROM _____ TO _____ SALARY _____
EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____
SUPERVISOR _____
NAME OF CO-WORKER _____
REASON FOR LEAVING _____

FROM _____ TO _____ SALARY _____
EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____
SUPERVISOR _____
NAME OF CO-WORKER _____
REASON FOR LEAVING _____

FROM _____ TO _____ SALARY _____
EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ JOB TITLE _____
DUTIES _____
SUPERVISOR _____
NAME OF CO-WORKER _____
REASON FOR LEAVING _____

CONVICTIONS, ARRESTS, DETENTIONS AND LITIGATIONS

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

If yes, complete the following (juvenile as well as adult occurrences)

<u>Crime Charged</u>	<u>City & State</u>	<u>Date</u>	<u>Disposition</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

If yes, give details: _____

TRAFFIC RECORD

Has your driver's license ever been suspended or revoked? _____

If yes, give date, location and reason _____

List to the best of your memory all driving citations you have received as an adult or juvenile, excluding parking tickets.

<u>Month & Year</u>	<u>Charge</u>	<u>City & State</u>	<u>Disposition</u>

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



REFERENCES

List five persons who know you well enough to provide current information about you. ***Do not list relatives or former employers.***

Name _____ Relationship _____

Address _____ Daytime Phone # _____

Years known _____

Name _____ Relationship _____

Address _____ Daytime Phone # _____

Years known _____

Name _____ Relationship _____

Address _____ Daytime Phone # _____

Years known _____

Name _____ Relationship _____
Address _____ Daytime Phone # _____
Years known _____

Name _____ Relationship _____
Address _____ Daytime Phone # _____
Years known _____

PERSONAL DECLARATIONS

Describe in your own words the frequency and extent of your use of intoxicating liquors.

Have you ever used marijuana or any other drug not prescribed by you physician? _____

If yes, what were the circumstances _____

Have you ever sold or furnished drugs or narcotics to anyone? _____

If yes, explain in detail _____

Are there any incidents in your life or details not mentioned herein which may influence ths department's evaluation of your suitability for employment as a law enforcement officer/corrections officer? _____

If yes, explain _____

AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT:

MY PRESENT EMPLOYER(S) YES _____ NO _____

MY PAST EMPLOYERS YES _____ NO _____

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted to verify and obtain information concerning your background, qualifications, school and work records. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records and motor vehicle records will also be conducted.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the immigration and Naturalization Services.

I understand Lamar County is a drug free workplace. Prior to employment I must submit to a preemployment drug test and if I am hired, I understand that I may be subject to drug testing in the future, including random testing, pursuant to policies of Lamar County.

I hereby agree, on request to undergo physical examination by a physician designated by Lamar County at the County's expense. I understand that any physical or medical exam will be post offer of employment. I also agree to undergo future physical examinations that the county may require for continued employment.

I hereby agree to submit to a polygraph and psych evaluation as part of the initial hiring process.

I certify that the information I have provided on this application is accurate and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the county at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DATE _____ SIGNATURE OF APPLICANT _____

Subscribed and sworn to before me, in my presence, this _____ day of _____, 20____

My commission expires _____, 20____ Notary Public _____

LAMAR COUNTY RECEIVES SEVERAL APPLICATIONS A DAY THEREFORE IT IS NOT POSSIBLE TO CALL EVERY APPLICANT. IF YOUR APPLICATION IS CONSIDERED FOR AN OPEN POSITION YOU WILL BE CONTACTED BY ADMINISTRATION.

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of title II of the Americans with Disabilities Act of 1990 ("ADA"), the Lamar County Board of Supervisors will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: Lamar County Board of Supervisors does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the ADA.

Effective Communication: Lamar County Board of Supervisors will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in Lamar County Board of Supervisors programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: Lamar County Board of Supervisors will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in Lamar County Board of Supervisors offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of Lamar County Board of Supervisors, should contact the office of Lynn K. Ward at (601) 794-3415 as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the Lamar County Board of Supervisors to take any action that would fundamentally alter the nature of its programs or services or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of Lamar County Board of Supervisors is not accessible to persons with disabilities should be directed to Lynn K. Ward at (601) 794-3415.

Lamar County Board of Supervisors will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/ services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

***If this form is needed in an alternative format please contact Lynn K. Ward, ADA Coordinator at (601) 794-3415.**

Lamar County Board of Supervisors Grievance Procedure under The Americans with Disabilities Act

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Lamar County Board of Supervisors. The County's Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

**Lynn K. Ward
ADA Coordinator/HR Director
PO Box 1240, Purvis, MS 39475**

Within 15 calendar days after receipt of the complaint, Lynn K. Ward or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Lynn K. Ward or her designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the Lamar County Board of Supervisors and offer options for substantive resolution of the complaint.

If the response by Lynn K. Ward or her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the County Administrator or his designee.

Within 15 calendar days after receipt of the appeal, the County Administrator or his designee will meet with the complainant to discuss the

complaint and possible resolutions. Within 15 calendar days after the meeting, the County Administrator or his designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by Lynn K. Ward or her designee, appeals to the County Administrator or his designee, and responses from these two offices will be retained by the Lamar County Board of Supervisors for at least three years.

***If this form is needed in an alternative format please contact Lynn K. Ward, ADA Coordinator at (601) 794-3415.**

ATTACHMENTS

Attach the following to this application

- ♦ **Current photograph**
- ♦ **Copy of driver license**
- ♦ **Copy of social security card**
- ♦ **Copy of High School diploma/or its equivalent (G.E.D. certificate)**
- ♦ **Copy of all D.D.214, Discharge papers**
- ♦ **Copy of college transcript**