

HARRISON COUNTY SHERIFF'S DEPARTMENT



**HARRISON COUNTY
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An Equal Opportunity Employer

EMPLOYMENT APPLICATION

FOR

NON-POLICE POSITIONS

OFFICE / JAIL

HARRISON COUNTY SHERIFF'S DEPARTMENT INFORMATION SHEET

I. COMPLETING YOUR APPLICATION:

- A. THE APPLICATION SHOULD BE COMPLETE AND ACCURATE BEFORE SIGNING. INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED. Any misrepresentations, falsifications or material omissions in any form may result in the County's exclusion of the individual from further consideration for employment. Such misrepresentation or falsification may result in termination even after the applicant is hired.
- B. YOUR SOCIAL SECURITY NUMBER MUST BE INCLUDED for record control purposes. Federal law requires that all employed persons have a Social Security Number.
- C. To receive APPROPRIATE CREDIT, include a copy of your diploma, transcript, certificate or license as directed on the application.

II. MINIMUM OR SELECTION REQUIREMENTS

- A. YOUR APPLICATION WILL BE ACCEPTED ONLY IF IT CLEARLY SHOWS YOU MEET THE REQUIREMENTS. The information you provide will determine your eligibility and is subject to verification at any time.
- B. When applying for Correctional Officer/Jail positions you must be 18 years of age. The Federal Age Discrimination in Employment Act (ADEA) of 1967, as amended, prohibits discrimination on the basis of age for any individual over age 40.

III. EQUAL EMPLOYMENT OPPORTUNITY/NON-DISCRIMINATION POLICY

- A. It is the policy of the Harrison County Government to provide equal opportunity in employment to all employees and applicants for employment and to prohibit discrimination in employment because of race, religion, color, sex, age, national origin, disability, military status or any other classification protected under applicable law. This policy applies to all terms, conditions and privileges of employment, including, but not limited to, hiring, promotion, transfer, compensation, benefits, layoff, recall, employee facilities, discharge and retirement.
- B. It is the policy of Harrison County not to discriminate against a qualified individual with a disability in: job, application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training and other terms, conditions and privileges of employment. It is the intent of this County to comply with all applicable requirements of the Americans with Disabilities Act (ADA).

IV. AUTHORIZED ALIEN STATUS AND CITIZENSHIP

- A. All new hires must cooperate with the County in its compliance with the Immigration Reform and Control Act of 1986 and in verifying employment eligibility. New employees shall complete an I-9 form and show proof of identity and employment eligibility within the first three (3) days of employment. Employees who refuse to or are unable to supply the documentation necessary to prove that they are American citizens or aliens authorized to work in this country will be terminated. If a person is not able to perform the essential functions of a job, even with reasonable accommodations, then the person is not qualified for the position. The County will reasonably accommodate persons with a disability.

V. RECORD OF CONVICTIONS

- A. A full disclosure of all convictions is required. Failure to disclose convictions will result in disqualification. Not all convictions constitute an automatic bar to employment. Factors such as your age at that time of the offense(s), and the recency of offense(s) will be taken into account, as well as the relationship between the offense(s) and the job(s) for which you apply. ANY CONVICTIONS OR COURT RECORDS WHICH ARE EXEMPTED BY A VALID COURT ORDER DO NOT HAVE TO BE INCLUDED.

* Placement of an employment application with the county does not mean that an applicant will be interviewed. Equal consideration will be given to all applicants based on qualifications listed for the job.

*Applications will be retained in active files for six (6) months or for the duration of applicant recruitment lists when used.

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The following voluntary information is requested for the Harrison County Government to evaluate its hiring practices required by law for the State and Federal Government. This form will be detached from the employment application. This information will be confidential and will NOT be used to make a decision about your employment.

A. Please mark the group that best describes your race/ethnicity:

- 1. _____ White
- 2. _____ Black/African American (Not of Hispanic Origin)
- 3. _____ Hispanic/Latino (Mexican, Puerto Rico, Cuban, Central or South American, or Spanish culture or origin)
- 4. _____ American Indian (subject to verification)
- 5. _____ Asian or Pacific Islander (excluding Filipino)
- 6. _____ Filipino

B. Gender

- 1. _____ Male
- 2. _____ Female

C. Disabled _____ A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; (3) is regarded as having such an impairment or medical condition.

Date of Birth: _____ Name: _____



**Authorization for Release of Criminal
Records, Employment Records
and Personal Information**

Printed Full Name (Last, First, Middle): _____

Driver's License Number: _____ State: _____

Date of Birth: _____ Social Security#: _____

I, _____, respectfully request and authorize you to furnish the Harrison County Sheriff's Department any and all information that you may have concerning me including arrests, my work record, personnel record, including any disciplinary actions, my reputation, my financial and credit status. Please include any and all medical, physical, and mental records or reports, including all information of a confidential or privileged nature and photocopies of same if requested. This information is to be used in determining my qualifications and fitness for the position I am seeking with the Harrison County Sheriff's Department. I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

*NOTE THIS FORM WILL BE RETAINED FOR NCIC/IDACS PURPOSES.

Position applying or: _____

Ethnicity: _____ Date: _____

Signature: _____

DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY

Requestor (printed): _____

Signature of Requestor: _____

Full Name (Last, First, Middle):

Position Applying for:

Date Available:

Date Completed:

The following may be used to complete a polygraph examination, should the position you are applying for require it. Be complete, honest and specific in your responses. If you need additional space to complete these questions, attach your answers to this questionnaire.

All dates are to be recorded in month, day and year format.

Contact Information		
Name of Applicant (Last, First, Middle Initial):		
Nicknames or Aliases:		
Address:		
Home Phone: ()	Cell: ()	Alternate: ()
Primary Email:	Secondary Email:	

Personal Data

Date of Birth: Age: SS#:

Are you a United States Citizen? Yes: No:

If you are not a US Citizen, have you applied for citizenship? Yes: No:

Race: Marital Status:

Gender: Height: Weight: Hair Color: Eye Color:

Driver's License State: License #: Exp. Date:

Social Media Accounts

If you have **any** social media accounts, list them below, including usernames. If account is private, the content of account must be printed out and provided.

References

In the spaces below, please list three references and contact numbers for each. None of the references listed can be a relative.

Name	Contact Number

Please provide a photograph of yourself and a copy of your driver's license in the space below:

Photograph
Copy of Driver's License

Education

You will be required to furnish transcripts, diplomas or other proofs to support all your educational claims.

High School Name:

City/State:

Year of Graduation:

GED? Yes: No:

Address:

Telephone Number:

College Name:

Dates Attended (month/year):

Address:

Telephone Number:

Highest Degree Earned:

Overall Grade Point Average:

If no degree was earned, please give the total number of credit hours earned.

If you attended another college or university prior to earning your final degree, enter the information below:

Trade, Vocational, or Technical School Information

Name of School:

Most Recent/Current School Attended:

Dates Attended (month/year):

Address:

Telephone Number:

Type of Certification or Degree Earned:

Military Service

Have you ever served in a military organization? Yes: No:

Current Military Branch: _____ Highest Rank Held: _____

Last M.O.S.: _____ Type of Discharge: _____

Dates of Service by year: From: _____ To: _____

Supervisor's Name and Phone Number: _____

Past Military Branch: _____ Highest Rank Held: _____

Last M.O.S.: _____ Type of Discharge: _____

Dates of Service by year: From: _____ To: _____

Employment History

List all employment from current or last employer to your first employer

Company Name: _____

Address: _____

Supervisor: _____ Title: _____

Phone Number: _____

Last Position Held: _____

Dates of Employment (month/year): From: _____ To: _____

Reason for Separation (if applicable): _____

Laid Off Resigned Fired Other (explain below):

Please explain your position at this employer and what you did on a daily basis:

Company Name:

Address:

Supervisor:

Title:

Phone Number:

Last Position Held:

Dates of Employment (month/year): From: To:

Reason for Separation (if applicable):

Laid Off Resigned Fired Other (explain below):

Please explain your position at this employer and what you did on a daily basis:

Company Name:

Address:

Supervisor:

Title:

Phone Number:

Last Position Held:

Dates of Employment (month/year): From: To:

Reason for Separation (if applicable):

Laid Off Resigned Fired Other (explain below):

Please explain your position at this employer and what you did on a daily basis:

Have you ever quit a job without proper notice: Yes: No:

If yes, please explain:

Have you ever resigned in lieu of termination or believed that termination was imminent:

Yes: No:

If yes, explain:

Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?'

Yes: No:

If yes, explain:

Were you ever the subject of a written complaint at work? Yes: No:

If yes, please explain:

Have you ever been counseled at work because of lateness or absences? Yes: No:

If yes, please explain:

Have you ever received an unsatisfactory performance review: Yes: No:

If yes, please explain:

Have you ever sold, released, or given away legally confidential information: Yes: No:

If yes, please explain:

Have you ever called in sick to work when you were neither sick nor caring for a sick family member? Yes: No:

If yes, how many sick days have you used in the past five years which were not due to illness? Please explain:

In the past three years, have you missed work or been late to work due to drug or alcohol consumption? Yes: No:

If yes, please explain:

Has your work performance ever been affected by your use of alcohol or drugs?

Yes: No:

In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes: No:

Honesty & Countermeasures Certification

I do hereby certify that all the statements made in this employment application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false information, misstatement or omission of a material fact may disqualify me from further consideration with regards to the Harrison County Sheriff's Department selection process. I further understand that any of the foregoing information provided by me may be subject to investigation and any false information, misstatement, or omission of a material fact may subject me to future dismissal from the Harrison County Sheriff's Department.

I also understand my use of any countermeasures with the intent to disguise my answers or otherwise change the outcome of the polygraph examination will result in my dismissal from the Harrison County Sheriff's Department selection process.

Signature: _____

Date: _____

Printed Name: _____