

Rankin County Sheriff's Office

Bryan Bailey, Sheriff
221 North Timber Street
Brandon, MS 39042
Phone (601) 825-1480

Employment Application Instructions



IMPORTANT

Read all instructions carefully.

Make copies of the requested documents before you return your application.
We will not make copies.

If items 1, 2 and 3 are not attached to the application, you will not be considered for employment.

APPLICATION FOR EMPLOYMENT

Date _____

MAIL TO

RANKIN COUNTY SHERIFF'S DEPARTMENT

221 North Timber Street
Brandon, Mississippi 39042



Position Applied For
(SELECT BELOW)

- Deputy Sheriff
- Communications Officer
- Reserve Deputy Sheriff
- Secretary
- Juvenile Detention
- Adult Detention
- _____

NOTICE: Application MUST be typewritten or clearly printed. All questions MUST be answered. If a question is not applicable, so state. Applications which are not complete and legible will not be considered. IF SPACE PROVIDED IS NOT SUFFICIENT FOR COMPLETE ANSWERS OR YOU WISH TO FURNISH ADDITIONAL INFORMATION, ATTACH SHEETS OF THE SAME SIZE AS THIS APPLICATION AND NUMBER ANSWERS TO CORRESPOND WITH QUESTIONS.

ALL Applicants must Attach Items 1 thru 4.

1. A recent picture of yourself (i.e. passport photo)
2. A Certified copy of your Birth Certificate
3. A transcript of High School record, Mississippi G.E.D. Certificate, and/or College transcript
4. If the applicant is a military veteran, then a copy of the DD-214 must be provided

I. Personal History

1. Name in full: _____
Last Name First Name Middle Name

(A) List all other names you have used including nicknames and maiden name if applicable. If you have ever used any surname other than your true name, during what period and under what circumstances were these names used.

(B) Have you ever legally changed your name?

No

Yes _____

Driver License No. & State _____ Date _____ Place _____ Court _____
 Social Security No. _____
 Date of Birth _____ Age _____ Email Address _____
 How many Languages do you speak? _____ Explain what languages and proficiency: _____

Has your privilege to operate a motor vehicle ever been suspended or revoked? No Yes (explain fully)

II. Residences

1. Present resident address and telephone number

Apt. No. Street City State Zip Telephone

2. Complete address to which you wish mail to be sent (including telephone number)

3. List chronologically ALL of your residences for the past 10 years (including addresses while attending school if away from home)

From	Dates / To	Apt. No.	Street Address	City	State
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- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____

III. EDUCATION

Name of School	Location	Dates		Course Pursued	Degrees or Diploma Received
		From	To		
High School					
College					
Graduate School					
Miscellaneous					

(a) Were you ever dismissed from a school, or was any disciplinary action including scholastic probation ever taken against you during your scholastic career?

- No
 Yes

School _____ Date _____ Type of action _____

IV. REFERENCES

Give three references (not relative, former employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as householders, property owners, business or professional men or women including your family physician, if you have one, who have known you well during the past five years.

(a) Complete name _____ Address _____
 Phone _____ Residence _____
 No. Yrs. Acq. _____ Occupation _____ Business _____

(b) Complete name _____ Address _____
 Phone _____ Residence _____
 No. Yrs. Acq. _____ Occupation _____ Business _____

(c) Complete name _____ Address _____
 Phone _____ Residence _____
 No. Yrs. Acq. _____ Occupation _____ Business _____

V. EMPLOYMENT

List chronologically ALL EMPLOYMENTS INCLUDING SUMMER AND PART-TIME EMPLOYMENTS.

Name and address of Employer	Dates		Salary	Position and type of work	Name of Supervisor	Reason for Leaving
	From	To				
(a) Name _____ Address _____ City _____ Ph# _____						
(b) Name _____ Address _____ City _____ Ph# _____						
(c) Name _____ Address _____ City _____ Ph# _____						
(d) Name _____ Address _____ City _____ Ph# _____						

(e) Have you ever been dismissed or asked to resign from any employment or position you have held?

- No
 Yes

Employer's Name _____ Date _____

Reason _____

(f) Are you now employed by an agency of the federal or State Government? Yes No

Have you been employed by the Federal Government or state Government within the past 90 days?

- No
 Yes

Agency _____ Location _____

VI. MILITARY RECORD (copy of DD-214 must be attached)

1. Are you registered for Selective Services? No
 Yes _____
2. Have you ever served on active duty in the Armed Forces of the United States? Yes No
Local Board Number _____ City _____ Classification _____
3. Branch of Military Service _____ 4. Serial Number _____ 5. Dates of Service _____
6. Discharge
 Type _____ Basis for Discharge _____
7. Veteran's preference claimed No Yes (Specify basis for claim) _____
8. Member of
 Reserve No Yes Ready Standby
 National Guard No Yes
 Service Branch _____
9. If you are in a pay status requiring that you attend drills, meetings, or camps, give name of Unit and Location.

VII. CREDIT RECORD

- (a) Has your credit record ever been considered unsatisfactory, or have you ever been refused credit? No Yes
- (b) Are you indebted to anyone? Yes No (Specify)

Name	Address	Amount

VIII. COURT RECORD

- (a) Have you ever been convicted of any crime (felony or misdemeanor) including traffic citations? No Yes

Date	Place	Charge	Final Disposition	Details

- (b) Have you ever been involved in any criminal and/or civil legal action? No Yes
 (Give date, place, court, names of parties involved, nature of action, and final disposition)

IX. ORGANIZATION MEMBERSHIP

List all clubs, societies or organizations of which you are, or have been, a member and its location.

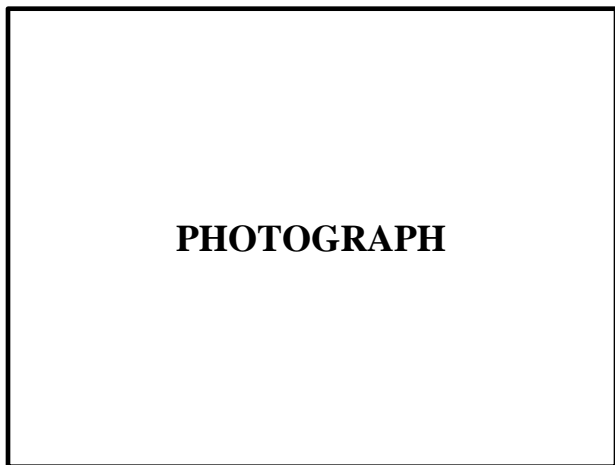
- (a) _____
- (b) _____
- (c) _____

X. SOCIAL MEDIA

- (a) Do you participate in any or are you a member of any social media platform or website? No Yes
 If so, please list the name of the platform (Facebook, Instagram, Twitter, etc.), web address, and your profile/vanity name.

XI. RELATIVES

Complete Name (no initials) Complete Address	Occupation, Name and Address of Firm where Employed	Date and Place of Naturalization
(a) FATHER Name _____ Address _____ Age _____ Place of Birth _____		
(b) MOTHER (include maiden name) Name _____ Address _____ Age _____ Place of Birth _____		
(c) HUSBAND OR WIFE (if wife, include maiden name) Name _____ Address _____ Age _____ Place of Birth _____		
(d) CHILDREN Name _____ Address _____ Age _____ Place of Birth _____		
(e) CHILDREN Name _____ Address _____ Age _____ Place of Birth _____		
(f) CHILDREN Name _____ Address _____ Age _____ Place of Birth _____		
(g) CHILDREN Name _____ Address _____ Age _____ Place of Birth _____		



ALL APPLICANTS

Attach an unmounted full face photograph of your-Self, not larger than 2 ¾ by 2 ½ 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 CONSIDERATION WILL BE AFFORDED ANY APPLICANT UNLESS SUCH A PHOTOGRAPH IS FURNISHED.

(Signature of the applicant as usually written)

Authorization for Release of Information

DATE

I, _____ Applicant, by this, my signature, authorize the Rankin County Sheriff's Office to furnish and provide full and complete professional, medical, personal and employment information hereby requested by the undersigned, or to any representative, attorney or investigators from said office, as the result of the undersigned applying for the position of _____ said application occurring on the _____ day of _____ 20_____.

This authorization also includes examination of all records of the following: employment records, medical records, financial records (including financial statements, credit reports and / or bankruptcy filings), references (including opinions) which will aid in the investigation of the employment application.

By the execution of this Release I hereby hold the Rankin County Sheriff's Office harmless on the obtaining of the above listed records.

(APPLICANT)

Rankin County Sheriff's Office

Application for Employment - Addendum for Positions Requiring State Certification

The following positions require state certification through Mississippi's Peace Officer's Standards and Training (POST):

- Deputy Sheriff
- Reserve/Part-time Deputy Sheriff
- Detention Officer (for both adults and juveniles)
- Emergency Telecommunicator (Dispatcher)

As such, there are additional questions that must be answered when applying to the Rankin County Sheriff's Office (RCSO). These questions are required to be answered on all POST state certification applications for the above positions and may affect an applicant's ability to be certified for such by the state. The answers to these questions are necessary to ensure that those persons hired by the RCSO will be eligible for state certification in the position(s) for which they are being hired.

Whereas disclosure of the following information may or may not prevent certification by POST, dishonest answers and/or failure to fully disclose information requested will have direct bearing on your ability to be certified, and therefore, hired by this agency.

Circle One

Yes | No 1. Have you ever been a defendant in a court martial, Article 15, Captain's Mast or other nonjudicial punishment?

Yes | No 2. Has a judgment ever been issued against you?

Yes | No 3. Have you ever declared bankruptcy?

Yes | No 4. Have you ever been arrested or charged with a crime?

Yes | No 5. Have you ever received any alternative(s) to sentencing such as probation before judgment, pretrial diversion, non-adjudication of guilt or have you ever had an expungement?

Yes | No 6. Have you ever been found guilty or pled guilty or no contest to a crime?

Yes | No 7. Have you ever been refused a surety bond or turned down for employment that required a surety bond?

Yes | No 8. Have you ever: (a) been suspended for any reason from any employment; (b) been terminated from any employment; (c) resigned to prevent termination from any employment; (d) resigned prior to, during or at the conclusion of any such investigation into your activities?

Yes | No 9. Have you ever been addicted to or hospitalized for the use of alcohol or drugs?

Yes | No 10. Have you ever had a certificate, license or privilege removed, revoked, suspended or voluntarily relinquished the same under state, federal or other laws?

A complete, written explanation (without any omissions) of each and every "Yes" answer to the above questions must be attached to this form. I certify that I have answered the above questions truly and correctly and all information I've furnished explaining such is complete and accurate.

Applicant's signature _____ Date _____