

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 black 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.

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

Lamar County Sheriff's Department
Application for Employment

Date _____ Position Applying For _____

Personal History Statement

Applicant Identification: Information provided in this section is used for identification purposes only.

NAME: _____
Last First Middle

ADDRESS: _____
Number Street Apt.#

City State Zip

PHONE: _____ SEX _____

NICKNAME(S), MAIDEN NAME OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN: _____

SSN: _____ PLACE OF BIRTH _____

DRIVER LICENSE NO.: _____ EXP. DATE: _____

STATE OF ISSUE: _____ COLOR OF HAIR: _____

HEIGHT: _____ WEIGHT: _____ COLOR OF EYES: _____

ARE YOU A U.S. CITIZEN? YES _____ NO _____

SCARS, TATTOOS OR OTHER DISTINGUISHING MARKS: _____

PAST RESIDENCES

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

<u>FROM</u>	<u>TO</u>	<u>ADDRESS</u>

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.

<u>FROM</u>	<u>TO</u>	<u>EMPLOYER</u>
<u>ADDRESS</u>		
<u>PHONE NUMBER</u>		<u>JOB TITLE</u>
<u>DUTIES</u>		
<u>SUPERVISOR</u>		<u>NAME OF CO-WORKER</u>
<u>REASON FOR LEAVING</u>		

FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____

REASON FOR LEAVING _____

FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____

REASON FOR LEAVING _____

FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____

REASON FOR LEAVING _____

MILITARY RECORD

Have you served in the U.S. Armed Forces? Yes _____ No _____

Date of Service: From _____ To _____

Branch of Service _____ Unit Designation _____

Military Service Number _____ Highest Rank Held _____

Type of Discharge _____
(Attach a copy of all D.D. 214, Discharge papers and certificates of training)

Last Unit Phone Number _____ First Line Supervisor _____

Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.)? Yes _____ No _____

<u>CHARGE</u>	<u>AGENCY</u>	<u>DATE</u>	<u>TIME</u>	<u>DISPOSITION</u>
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If you received a discharge other than honorable, give complete details:

EDUCATIONAL HISTORY

School or College Attended

Graduated Yes/No

Major

List any law enforcement training attended. Give name and dates of any schools or courses.

List other schools attended (trade, vocational, business, etc.). Give name and address of school, course of study, certificate and any other pertinent information.

SPECIAL QUALIFICATIONS & SKILLS

List any special licenses you hold (such as pilot, radio operator, scuba, etc.). Showing licensing authority, original date of issue and date of expiration.

List any specialized machinery or equipment which you can operate.

If you are fluent in a foreign language, indicate in each area your degree of fluency (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.

CONVICTIONS, ARRESTS, DETENTIONS AND LITIGATIONS

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

Yes _____ No _____

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

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

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

Yes _____ No _____

If yes, give details: _____

TRAFFIC RECORD

Has your driver license ever been suspended or revoked?

Yes _____ No _____

If yes, give date, location and reasons: _____

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>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

REFERENCES OR ACQUAINTANCES

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

Name: _____

Address: _____

Residence Phone: _____ Business Phone: _____

Business Address: _____

Years Known: _____

Name: _____

Address: _____

Residence Phone: _____ Business Phone: _____

Business Address: _____

Years Known: _____

Name: _____

Address: _____

Residence Phone: _____ Business Phone: _____

Business Address: _____

Years Known: _____

Name: _____

Address: _____

Residence Phone: _____ Business Phone: _____

Business Address: _____

Years Known: _____

Name: _____

Address: _____

Residence Phone: _____ Business Phone: _____

Business Address: _____

Years Known: _____

MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)

Name & Address

Type (Social, Fraternal, Professional, Etc.)

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 your physician?

Yes _____ No _____

If yes, what were the circumstances: _____

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

Yes _____ No _____

If yes, explain in detail: _____

Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a law enforcement officer? Yes _____ No _____

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, medical record offices, school record offices and personal, school and employment references may be contacted to verify and obtain information concerning your background, qualifications, school, past or present medical conditions, financial status 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 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 pre-employment 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 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 and agree that by applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Peace Officer Standards and Training Board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

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

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 voter registration card
- Copy of all D.D.214, Discharge papers
- Copy of college transcript

AUTHORIZATION TO RELEASE INFORMATION

(Please print or type in black ink)

TO: _____
Name of Agency/Department from which information is being requested

I hereby request and authorize you to furnish the Lamar County Sheriff's Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and my past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a law enforcement officer.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a law enforcement officer. This release will expire 60 days after the date signed.

Signature of Releaser

Date

Subscribed and sworn to before me, in my presence, this _____ day of _____, 20____,
A Notary Public in and for the _____ (county) (state) of _____.

Notary Public

My commission expires _____, 20____

**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:

**Michelle Turnage
ADA Coordinator/HR Director
PO Box 1240, Purvis, MS 39475**

Within 15 calendar days after receipt of the complaint, Michelle Turnage or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Michelle Turnage 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 Michelle Turnage 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 Michelle Turnage 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 Michelle Turnage, ADA Coordinator at (601) 794-3415.**