



## ***JONES COUNTY SHERIFF'S DEPARTMENT***

***ALEX HODGE, SHERIFF***

***P. O. Box 185 • Laurel, MS 39441-0185***

***Phone: (601) 425-3147 • Fax: (601) 428-3152***

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The following information must be submitted with our application to seek employment with the Jones County Sheriff's Department:

1. Application filled out entirely,
2. Copy of High School Diploma or GED
3. Picture of Face
4. Copy of DD214 if served in the Military
5. Copy of fingerprints on Applicant Card, may be obtained at the jail
6. Certificates of any prior law enforcement experience or specialized training
7. Be prepared to have Doctor fill out medical form when instructed.

Sheriff Alex Hodge  
Jones County Sheriff's Department

**JONES COUNTY SHERIFF'S DEPARTMENT  
APPLICATION FOR EMPLOYMENT**

The Jones County Sheriff's Department is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age and disability in employment. This application is valid for 180 days (6 months) from the date of submission. Applicants considered for employment will be required to present verification of employment eligibility as required by the Immigration Reform and Control Act. All applicants offered a position with the Jones County Sheriff's Department will be required to pass a physical fitness test and drug/alcohol test before the offer of employment is confirmed.

GENERAL INFORMATION: Date of Application: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Date that you can begin work: \_\_\_\_\_

Have you ever worked for the County before? (Yes) (No) If yes, when? \_\_\_\_\_ where? \_\_\_\_\_

Have you ever applied with the County before? (Yes) (No) If yes, when? \_\_\_\_\_

Do you have relatives working for the County? (Yes) (No) If yes, who? \_\_\_\_\_ where? \_\_\_\_\_

Hours will work:  Full Time  Part Time Shift Will Work:  Day Shift  Night Shift  Day/Night Rotating Shift

**PERSONAL INFORMATION:** (Please Print)

\_\_\_\_\_  
Last Name First Name Middle Initial Social Security Number

\_\_\_\_\_  
Street Address City State Zip Phone Number

Do you have a valid regular driver's license? (Yes) (No) Do you have a valid commercial driver's license? (Yes) (No)

\_\_\_\_\_  
License Number Issuing State Exp. Date License Number Issuing State Exp. Date

Do you live within the County of Jones? (Yes) (No) Are you a registered voter in Jones County? (Yes) (No)

Have you ever been convicted of a felony? (Yes) (No) Have you ever been convicted of a misdemeanor? (Yes) (No)

If you answered yes to either of the previous questions, please complete the following:

Date of Conviction	Felony of Misdemeanor	City, State of Conviction	Describe the Nature of the Offense

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**PLEASE NOTE:** Conviction of a crime does not necessarily bar you from employment. The nature and gravity of the offence(s); the time passed since conviction/completion of sentence; and the nature of the position sought will be taken into consideration.

Have you ever used drugs for recreational purpose within the past 10 years? (Yes) (No)  
If yes, when was the last time you used drugs?

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Have you ever been treated for any type of chemical addiction? (Yes) (No)  
If yes, when and where were you treated and did you complete treatment?

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Have you ever sustained and been treated for any type of physical injury which affects your mobility? (Yes) (No)  
If yes, please give the date(s) of injury and dates of treatment and name of medical facility where treated.

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In filling out this application for employment, I authorize the Jones County Sheriff's Department to inquire into all statements made in this application, with full knowledge that any misrepresentation or omission of facts will prejudice my application for employment and may, if I become employed, be sufficient cause for dismissal from the Jones County Sheriff's Department. If I should become employed, I agree to abide by all the rules and policies of the County of Jones and I understand I will be on probation for the first twelve (12) months of employment. I understand that as a part of normal procedure for processing employment applications and employment qualifications, I authorize the Jones County Sheriff's Department to obtain and release any information pertaining to my arrest or past employment records. This release is executed with full knowledge and understanding that the information is for the official use of the bearer. I release you, as the custodian of these records, including any officers, employees, or related personnel, both individually and collectively, from any and all liability for damages, of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization request to release information or any attempt to comply with it. I am furnishing my social security account number on a voluntary basis with understanding such is not required by federal statute or regulation. I have been advised that the Jones County Sheriff's Department or any other agency will utilize this number only to facilitate location of past employment or arrest records. Should there be any question as to the validity of this release, you may contact me as indicated below. During same, I may be terminated at the will of the Jones County Sheriff's Department.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Full Name (Print): \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
City State Zip Code

Telephone Numbers Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please list any other name used while employed that is different from the name used on this application (i.e.: maiden)

**JONES COUNTY SHERIFF'S DEPARTMENT  
APPLICATION FOR EMPLOYMENT**

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**EMPLOYMENT HISTORY**

*Please list all previous employments. List most recent employer FIRST. Additional paper is available if needed.*

Date Started: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Address: \_\_\_\_\_  
Begin Pay: \_\_\_\_\_ Job Title: \_\_\_\_\_ Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Supervisor's Work Number \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Date Started: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Address: \_\_\_\_\_  
Begin Pay: \_\_\_\_\_ Job Title: \_\_\_\_\_ Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Supervisor's Work Number \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Date Started: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Address: \_\_\_\_\_  
Begin Pay: \_\_\_\_\_ Job Title: \_\_\_\_\_ Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Supervisor's Work Number \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Date Started: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
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\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Supervisor's Work Number \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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**JONES COUNTY SHERIFF'S DEPARTMENT  
APPLICATION FOR EMPLOYMENT**

APPLICANT NAME: \_\_\_\_\_

SSN#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**EDUCATION RECORD**

<i>TYPE</i>	<i>SCHOOL NAME AND ADDRESS</i>	<i>DATES FROM TO</i>	<i>DEGREE</i>	<i>MAJOR</i>
<i>High School</i>		____/____		
<i>College</i>		____/____		
<i>GED</i>		____/____		
<i>Additional</i>		____/____		

May we contact your current employer? (Yes) (No) If no, why? \_\_\_\_\_

May we contact your previous employer? (Yes) (No) If no, why? \_\_\_\_\_

Have you ever had disciplinary action taken against you? (Yes) (No) If yes, why? \_\_\_\_\_

Do you have any additional skills or abilities which you would like to have considered?

**PERSONAL REFERENCES**

<i>Name and Occupation</i>	<i>Address (Including City and State)</i>	<i>Phone Numbers</i>

**JONES COUNTY SHERIFF'S DEPARTMENT  
APPLICATION FOR EMPLOYMENT  
General Physical Examination**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Male  Female

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Any illness or injury in the last 5 years
<input type="checkbox"/>	<input type="checkbox"/>	Head/Brain injuries, disorders or illnesses
<input type="checkbox"/>	<input type="checkbox"/>	Seizures, Epilepsy <input type="checkbox"/> Medication: _____
<input type="checkbox"/>	<input type="checkbox"/>	Eye disorders or impaired vision (except corrective lenses)
<input type="checkbox"/>	<input type="checkbox"/>	Ear disorders, loss of hearing or balance
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease or heart attack; other cardiovascular condition <input type="checkbox"/> Medication: _____
<input type="checkbox"/>	<input type="checkbox"/>	Heart surgery (valve replacement/bypass, angioplasty, pacemaker)
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure <input type="checkbox"/> Medication: _____
<input type="checkbox"/>	<input type="checkbox"/>	Muscular disease
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath
<input type="checkbox"/>	<input type="checkbox"/>	Fainting, dizziness
<input type="checkbox"/>	<input type="checkbox"/>	Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring
<input type="checkbox"/>	<input type="checkbox"/>	Stroke or paralysis
<input type="checkbox"/>	<input type="checkbox"/>	Missing or impaired hand, arm, foot, leg, finger or toe
<input type="checkbox"/>	<input type="checkbox"/>	Spinal injury or disease
<input type="checkbox"/>	<input type="checkbox"/>	Chronic low back pain
<input type="checkbox"/>	<input type="checkbox"/>	Regular, frequent alcohol use
<input type="checkbox"/>	<input type="checkbox"/>	Narcotic or habit forming drug use
<input type="checkbox"/>	<input type="checkbox"/>	Lung disease, emphysema, asthma, chronic bronchitis
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease, dialysis
<input type="checkbox"/>	<input type="checkbox"/>	Liver disease
<input type="checkbox"/>	<input type="checkbox"/>	Digestive problems
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or elevated blood sugar controlled by <input type="checkbox"/> diet <input type="checkbox"/> pills <input type="checkbox"/> insulin
<input type="checkbox"/>	<input type="checkbox"/>	Nervous or psychiatric disorders, e.g., severe depression <input type="checkbox"/> Medication: _____
<input type="checkbox"/>	<input type="checkbox"/>	Loss of, or altered consciousness

*If you answered yes to any of these questions, please use the back of this paper to explain.*

**Medications:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Allergies:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ Weight: \_\_\_\_\_

HEENT: \_\_\_\_\_ M/S: \_\_\_\_\_

Cardio: \_\_\_\_\_ GI/GU: \_\_\_\_\_

Respiratory: \_\_\_\_\_

Based on Physical Examination, Patient IS or IS NOT cleared for employment.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**PERMISSION FOR BACKGROUND CHECK**

I, \_\_\_\_\_ give my permission for the Jones County Sheriff's Department to conduct a background screening check with all law enforcement agencies, Department of Human Recourses, previous employers, medical facilities, friends and relatives.

I further understand that this information will be used only in regard to the application for employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number