



# DESOTO COUNTY SHERIFF'S OFFICE



## APPLICATION FOR EMPLOYMENT

3091 Industrial Dr. W. • Hernando, MS 38632

AN EQUAL OPPORTUNITY EMPLOYER

**The DeSoto County Sheriff's Office accepts applications for employment without regard to race, color, religion, creed, gender, national origin, disability, marital status, veteran status, sexual orientation, or any other legally protected status.**

### IMPORTANT

Print clearly in black ink or type. Answer each question fully and accurately. **Incomplete applications will not be considered.** All information on your application is subject to verification. 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.

- Any misrepresentations, deceit, or omissions on your application could result in automatic disqualification. All sections in this employment application are applicable to you regardless of position for employment you are applying for.
- If you have any questions regarding information on this application, please contact the DeSoto County Sheriff's Office at (662) 469-8027.

### 1. PERSONAL DATA

Last Name			First Name			Middle Name		
Social Security Number			Driver License Number			Driver License State		
Home Phone: (Include Area Code)			Cellular Phone: (Include Area Code)			E-Mail Address		
A. Present Address: _____ <small>House / Apartment Number / PO Box #      City      State      Zip Code      County</small>								
B. Mailing Address, if different: _____ <small>House / Apartment Number / PO Box #      City      State      Zip Code      County</small>								

### 2. POSITION APPLIED FOR

	Date of Application	Date Available to Start	List all other names/nicknames that you were known as that would enable us to check your education/experience: 1. _____ 2. _____ 3. _____
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## BACKGROUND INFORMATION

**THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!**

1. Date and Place of Birth:

\_\_\_\_\_

Date of Birth      City      County      State      Country (if not the United States)

2. Are you a United States citizen?       Yes       No

If naturalized, please provide:

\_\_\_\_\_

Date      Place

\_\_\_\_\_

Court      Naturalization No.

3. Marital Status:       Married       Divorced       Separated       Widowed       Never Married

Name of Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Date Married \_\_\_\_\_ Place Married \_\_\_\_\_

4. Do you have or have you ever applied for a passport?       Yes       No      Passport No. \_\_\_\_\_

5. Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## EDUCATION/TRAINING

1.	High School Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
		From	To			

2.	*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
		From	To	Qtr.	Sem.		

\*Attach diploma or official transcript from last institution of higher education attended.

Major \_\_\_\_\_ Minor \_\_\_\_\_

3. Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

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5. Indicate any foreign languages you can Speak:

Read:

Write:

Fluent	Good	Fair

6. Indicate any law enforcement education/training:

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7. Did you receive a certificate for this training?  Yes  No Certificate Number: \_\_\_\_\_

8. Has your law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation?

Yes  No If yes, explain.

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9. Describe any special abilities, interests, and hobbies including the degree of proficiency:

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10. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

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11. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work.  
(For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

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12. Have you had any training/education with K-9s?  Yes  No If yes, provide details:

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13. Would you be willing to be transferred to a K-9 unit, if necessary?  Yes  No  
(I understand that there is a lesser rate of pay for non-duty time devoted to the care and maintenance of the animal.)

**EMPLOYMENT HISTORY**

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo./Yr.		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name Address City, State, Zip Area Code & Phone No.				<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		
Name Address City, State, Zip Area Code & Phone No.				<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		
Name Address City, State, Zip Area Code & Phone No.				<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		
Name Address City, State, Zip Area Code & Phone No.				<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		
Name Address City, State, Zip Area Code & Phone No.				<input type="checkbox"/> Full <input type="checkbox"/> Part-Time		



Do you now hold, or have you ever held, a medical cannabis card issued by any state, tribe, local government entity, or foreign country? \_\_\_\_ Yes \_\_\_\_ No

**ARREST HISTORY/COURT DATA**

1. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged?  Yes  No
2. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)?  Yes  No
3. To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations?  Yes  No If yes to question #1, #2 or #3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)

Date	Place & Department	Charge	Court & Place	Disposition

Provide details for each response to question #1, #2, or #3:

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4. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.)  Yes  No If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

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5. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation?  Yes  No

6. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?  Yes  No  
If yes to questions #5 or #6, please provide details.

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## USE OF ILLEGAL DRUGS AND DRUG ACTIVITY

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully. Your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

- |  | YES | NO  |
|--|-----|-----|
| 1. Have you used any illegal drug (including any narcotic or controlled substance, such as, but not limited to, cocaine, crack cocaine, hashish, narcotics (opiates, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PDP, etc.), or prescription drug within the past 10 years, or has been engaged in more than minimal experimentation in your lifetime? All relevant facts, including the frequency of use, will be evaluated to determine suitability for employment. | ___ | ___ |
| 2. Have you used marijuana/cannabis within the past three years, or over a substantial period of time? All relevant facts, including the frequency of use, will be evaluated to determine suitability for employment.  | ___ | ___ |
| 3. Have you abused or illegally obtained, possessed or sold any prescription drug within the past year? All relevant facts, including the frequency of use, will be evaluated to determine suitability for employment.   | ___ | ___ |
| 4. Have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving or sale of any narcotic, depressant, stimulant, hallucinogen or cannabis for your own intended profit or that of another?   | ___ | ___ |

If you answered "Yes" to 1, 2 or 3 above, provide the date(s), identify the controlled substance(s) and/or prescription drug used, and the number of times each was used:

Month/Year	Month/Year	Controlled Substance/Px Drug Used	Number of Times Used
_____	to _____	_____	_____
_____	to _____	_____	_____

## USE OF ALCOHOL

In the last five years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol related treatment or counseling (such as for alcohol abuse or alcoholism)?

If you answered "Yes," provide dates of treatment, name and address of Counselor or Doctor:

Month/Year	Month/Year	Controlled Substance/Px Drug Used	Number of Times Used
_____	to _____	_____	_____
_____	to _____	_____	_____

## DRIVING HISTORY

1. Are you a licensed automobile operator?  Yes  No License No.: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

2. Do you hold or have you ever held an operator license in another state?  Yes  No If yes, please provide state(s), name used and approximate dates license(s) was/were held.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?  Yes  No If yes, please provide complete details including why license was revoked.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever had automobile insurance refused, withdrawn, or revoked?  Yes  No If yes, please provide complete details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MILITARY HISTORY

1. Are you registered for Selective Service?  Yes  No

If yes, your Selective Service Number: \_\_\_\_\_

Classification: \_\_\_\_\_ Date of Classification: \_\_\_\_\_

Address of Local Board: \_\_\_\_\_

2. Have you ever served on active duty in the Armed Forces of the United States?  Yes  No

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Serial #: \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

3. Date and type of discharge: \_\_\_\_\_

4. Are you now or have you ever been a member of a reserve unit or the National Guard?  Yes  No

5. If yes state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

\_\_\_\_\_  
\_\_\_\_\_

6. Was any type of disciplinary action taken against you in the service?  Yes  No If yes, please provide:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

7. Have you ever served in the Armed Forces of a foreign country.  Yes  No If yes, please specify countries and dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?
2. Are you now issued or have you ever been issued a license to engage in a business or profession?  Yes  No
3. Was license ever cancelled, relinquished, suspended or revoked?  Yes  No  
If yes to question #1, #2 or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number. tails including why license was revoked.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CREDIT DATA

1. Do you have any sources of income other than your salary or the salary of your spouse?  Yes  No  
Specify each with an estimated annual amount.

\_\_\_\_\_

2. Are you or your spouse indebted to anyone?  Yes  No If yes, please list all debts over \$1000. Be sure to include student loans and charge accounts. Also, list any debt where payment is 90 days past due, regardless of amount.

Creditor	Address	Amount	Loan or Account Number

3. Have you, your spouse, or a company controlled by you filed for bankruptcy?  Yes  No, or declared bankruptcy?  
 Yes  No, or had a legal judgment rendered against you for a debt?  Yes  No, or been subject to a tax lien?  
 Yes  No If yes to any of these questions, please provide details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ORGANIZATION MEMBERSHIP

1. List all clubs, societies of which you are or have been a member:

Name	City & State	Former	Present (list position held & describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No

3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above?  Yes  No If yes to question #2 or #3, answer questions #4 and #5 also.

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?  Yes  No

5. Did you intend to promote any unlawful aims of the organization?  Yes  No If yes to question #2, #3, #4, or #5, explain including name of organization and location.

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## TRAFFIC HISTORY

1. In the past ten (10) years, have you received any traffic or parking citations?  Yes  No

2. Has your driver's license ever been suspended or revoked?  Yes  No

Date	Charging Agency	Violation	Final Disposition	Details

Explanations:

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## PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: (    ) _____
Yrs. Acq.		Business Address: _____
Occupation		City, State & Zip: _____
Yrs. Acq.		Business Phone: (    ) _____
Occupation		Business Phone: (    ) _____

  

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: (    ) _____
Yrs. Acq.		Business Address: _____
Occupation		City, State & Zip: _____
Yrs. Acq.		Business Phone: (    ) _____
Occupation		Business Phone: (    ) _____

  

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: (    ) _____
Yrs. Acq.		Business Address: _____
Occupation		City, State & Zip: _____
Yrs. Acq.		Business Phone: (    ) _____
Occupation		Business Phone: (    ) _____

2. Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: (    ) _____
Yrs. Acq.		Business Address: _____
Occupation		City, State & Zip: _____
Yrs. Acq.		Business Phone: (    ) _____
Occupation		Business Phone: (    ) _____

  

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: (    ) _____
Yrs. Acq.		Business Address: _____
Occupation		City, State & Zip: _____
Yrs. Acq.		Business Phone: (    ) _____
Occupation		Business Phone: (    ) _____

  

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: (    ) _____
Yrs. Acq.		Business Address: _____
Occupation		City, State & Zip: _____
Yrs. Acq.		Business Phone: (    ) _____
Occupation		Business Phone: (    ) _____

## RELATIVES

1. All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former husband or wife. Include step related persons.

Complete Name (No initials) and Address of All Relatives to include step related	Occupation, including name and address of firm where employed, if applicable	Date and place of Naturalization, if applicable
<b>A. Father</b> Name: _____ Address: _____ Date of Birth: _____	<input type="checkbox"/> Deceased	
<b>B. Mother</b> Name: _____ Address: _____ Date of Birth: _____	<input type="checkbox"/> Deceased	
<b>C. Husband/Wife</b> Name: _____ Address: _____ Date of Birth: _____	<input type="checkbox"/> Deceased	
<b>D. Children</b> 1. Name: _____ Address: _____ Date of Birth: _____	<input type="checkbox"/> Deceased	
2. Name: _____ Address: _____ Date of Birth: _____	<input type="checkbox"/> Deceased	
3. Name: _____ Address: _____ Date of Birth: _____	<input type="checkbox"/> Deceased	
4. Name: _____ Address: _____ Date of Birth: _____	<input type="checkbox"/> Deceased	
5. Name: _____ Address: _____ Date of Birth: _____	<input type="checkbox"/> Deceased	
6. Name: _____ Address: _____ Date of Birth: _____	<input type="checkbox"/> Deceased	

## RELEVANT DATA

1. Have you ever applied to or been employed by DeSoto County Sheriff's Office?  Yes  No

If you have been, please check box below - give dates and positions(s) held:

Employed - Position: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

If you applied to the DeSoto County Sheriff's Office, but were not hired, please check box below:

Position Previously Applied for \_\_\_\_\_ Date: \_\_\_\_\_

2. Do you have relatives employed by DeSoto County Sheriff's Office?  Yes  No

If Yes, please list names, relationships and occupations:

\_\_\_\_\_

I understand that this application will become void when the position for which I apply is filled, or when I accept other employment, whichever comes first.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in my discharge.

In the event of employment, I understand that I am required to abide by all the rules and regulations of the DeSoto County Sheriff's Office.

I certify that all the answers given within this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## REQUIRED DOCUMENTS

### ATTACHED

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Copy of High School Diploma or General Equivalency Certificate  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Certified Copy of High School Transcripts   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Certified Copy of college transcripts   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Copy of Current Driver's License (Affix to the space provided below)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Copy of DD-214 - For military service, (Member - 4 format, Copy Only)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Copies of all training certifications (example: police academy, etc.)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Certified Copy of your Birth Certificate  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Current Color Photograph (Affix to the space provided below)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Did you supply all information requested in this application?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. All transcripts should be received by the DeSoto County Sheriff's Office In a sealed envelope from the learning institution. |                              |                             |

### **Attention all Applicants**

Attach a photocopy of  
your driver's license  
in this space

Attach a  
current  
color  
photograph  
here

## FOR PERSONNEL OFFICE USE ONLY

\_\_\_\_\_  
Date Returned

\_\_\_\_\_  
Accepted by

## **AUTHORITY TO RELEASE INFORMATION**

### **THIS FORM MUST BE NOTARIZED!**

Read the following release form carefully and enter your signature, current address, telephone number, date of birth, social security number and the date in the designated spaces.

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the DeSoto County Sheriff's Office Hernando, Mississippi. The County needs to investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history is disclosed to DeSoto County.

I hereby authorized any representative of the DeSoto County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the DeSoto County Sheriff's Office, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the DeSoto County Sheriff's Office to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigation and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of organization, including its 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 and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the DeSoto County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the DeSoto County Sheriff's Office acceptance and processing of my application for employment, I agree to hold the DeSoto County Sheriff's Office, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the DeSoto County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the DeSoto County Sheriff's Office in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one (1) year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**STATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named \_\_\_\_\_, who acknowledged to me that he/she signed and delivered the above foregoing waiver on the date therein mentioned and for the purpose therein expressed.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
Notary Public

**THIS PAGE IS FOR APPLICANTS FOR THE POSITION OF SWORN DEPUTY**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the occupation of a law enforcement officer?  YES  NO If No, you are to explain on a separate sheet of paper.

I understand that all appointments are probationary for a period of up to one (1) year, during which time I must demonstrate my fitness for continued employment by the DeSoto County Sheriff's Office. I also understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the DeSoto County Sheriff's Office and I agree to these conditions.

I also certify that I have never been convicted of the misdemeanor crime of **Domestic Violence** and that I am not prohibited from carrying a weapon or ammunition for any reason.

\_\_\_\_\_  
(Signature of applicant as usually written)

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named \_\_\_\_\_, who, being by me first duly sworn, states upon his oath that the matters and things set forth in the above and foregoing application for employment are true and correct as therein stated.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
Notary Public

## DRUG HISTORY

**The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section 119.071(4)(b) whether the medical information, if disclosed, would identify the applicant.**

1. Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year?  Yes  No

2. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?  Yes  No  
If yes, please complete the following:

a. Drug: \_\_\_\_\_

b. How taken: \_\_\_\_\_

c. Last time illegally experimented with or used: \_\_\_\_\_

3. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature? If yes, please complete the following:

a. Drug: \_\_\_\_\_

b. Circumstances: \_\_\_\_\_

c. Number of times illegally obtained/possessed/supplied/sold: \_\_\_\_\_

d. First time illegally obtained/possessed/supplied/sold: \_\_\_\_\_

e. Last time illegally obtained/possessed/supplied/sold: \_\_\_\_\_

4. Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug?  
 Yes  No If yes, provide details, including drug, date, and circumstances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you claim to be a rehabilitated alcohol, narcotics or drug user of any of the controlled substances as set forth above?  
 Yes  No If yes, provide details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the "Applicant's Certification" applies in all respects to the responses provided in this "Confidential Employee History" and "Drug History."

\_\_\_\_\_  
Signature of the applicant as usually written

\_\_\_\_\_  
Date

## APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Sheriff's Office.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Sheriff's Office.

I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I understand and agree that any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability?     Yes     No  
If yes, provide your version or explain fully any such incident.

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\_\_\_\_\_  
Signature of the applicant as usually written

\_\_\_\_\_  
Date

**BACKGROUND INVESTIGATION WAIVER**  
***Authority for Release of Information***

TO: Concerned Person or  
Authorized Representative of  
Any Organization, Institution  
or Repository of Records

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

**EMPLOYING AGENCY REQUESTING BACKGROUND INFO:** \_\_\_\_\_

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and 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 and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Address

**AFFIDAVIT**

STATE OF MISSISSIPPI, COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. My commission expires on \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Personally Known – **or** –  Produced Identification

Type of Identification Produced: \_\_\_\_\_