



Clay County Sheriff's Department

APPLICATION PACKET

THE FOLLOWING ITEMS MUST BE INCLUDED IN THIS APPLICATION AT THE TIME OF ITS RETURN OR IT WILL BE CONSIDERED INCOMPLETE. THESE ITEMS ARE REQUIRED BY THE STATE OF MISSISSIPPI WHEN APPLICATION IS MADE FOR ONE'S STATE CERTIFICATION UNDER MINIMUM STANDARDS. THE FOLLOWING IS A LIST OF THOSE REQUIRED ITEMS.

1. A COPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD.
2. TWO SETS OF FINGERPRINTS. (THIS WILL BE DONE AFTER EMPLOYMENT.)
3. SIGNED RELEASE OF INFORMATION FORM.
4. HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE.
5. DD214 FORM, IF APPLICABLE. (MILITARY SERVICE DISCHARGE FORM)

APPLICANTS WILL ALSO BE REQUIRED TO TAKE A MEDICAL EXAM WITHIN TWO WEEKS OF BEING HIRED. THE MEDICAL EXAM APPOINTMENT WILL BE SCHEDULED AND PAID FOR BY THE CLAY COUNTY SHERIFF'S OFFICE

PLEASE PRINT THE APPLICATION AND FILL IT OUT BY HAND AND (1) RETURN IT IN PERSON TO THE SHERIFF'S OFFICE OR (2) YOU MAY SCAN IT BACK INTO YOUR COMPUTER AND EMAIL IT TO US AT: swoodruff@claysheriffms.org

PLEASE RENAME THE FILE TO "Application for Last name, First Name and today's date" before attaching this form to your e-mail to send us.

Example : Application for Doe,John 01 Sept 2023



BACKGROUND CONSENT FORM

TO: CLAY COUNTY SHERIFF'S OFFICE

BY SIGNING BELOW I GIVE MY PERMISSION FOR THE CLAY COUNTY SHERIFF'S OFFICE TO CONDUCT A BACKGROUND INVESTIGATION ON ME. FUTHERMORE I WILL NOT HOLD LIABLE ANYONE WHO RELEASES ANY INFORMATION ON ME. I DO UNDERSTAND THAT THIS BACKGROUND INVESTIGATION IS PART OF THE EMPLOYMENT PROCESS AND THAT IT IN NO WAY IMPLIES THAT I HAVE A JOB WITH THE CLAY COUNTY SHERIFF'S OFFICE.

THE PARTICULARS THAT THE SHERIFF'S OFFICE NEEDS IS AS FOLLOWS:

PLEASE WRITE LEGIBLY

FULL NAME: _____ **(MAIDEN NAME)** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

D.O.B.: _____ **SOCIAL SECURITY #:** _____

DRIVER'S LICENSE #: _____ **D.L. STATE:** _____

SIGNATURE: _____ **DATE:** _____



Applicant Information

How did you hear about us?

Website	<input type="checkbox"/>	Advertisement	<input type="checkbox"/>	Friend	<input type="checkbox"/>
Employment Agency	<input type="checkbox"/>	Walk in	<input type="checkbox"/>	Relative	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	Twitter	<input type="checkbox"/>	LinkedIn	<input type="checkbox"/>
Other	<input type="checkbox"/>				

Foreign Languages

[illegible]

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Explanation of any gaps in employment

Skills and qualifications: Summarize any special training, skills, licenses, certifications, etc.

Trade businesses, Civic associations, and Offices held	
Name of organization	Office held

Military Service		
Branch: _____	From: _____	To: _____
Rank at Discharge: _____	Type of Discharge: _____	
If other than honorable, explain: _____		

Personal References		
<i>Please list three personal references.</i>		
Full Name: _____	Relationship: _____	
Address: _____	Phone: _____	
City/State/Zip: _____	Email: _____	
Full Name: _____	Relationship: _____	
Address: _____	Phone: _____	
City/State/Zip: _____	Email: _____	
Full Name: _____	Relationship: _____	
Address: _____	Phone: _____	
City/State/Zip: _____	Email: _____	

Disclaimer and Signature

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the applications for employment may be necessary in arriving to an employment decision.

This application for employment shall be considered active for the period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time should re-apply.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, and employment relationship with this organization is of an **“At Will”** nature, and which means that the employee may resign at any time and the employer may discharge employee at anytime with or without cause. It is further understood that this **“At Will”** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

I also understand that employment by the Clay County Sheriff's Office is at the discretion of the Sheriff, and if hired that I can be dismissed without cause at any time by the Sheriff, (Per. Mississippi Code 1972 Annotated).

I have read the statement above and if employed, I agree to and will abide by the above.

Signature: _____ Date: _____

For Personnel Department only							
Arrange interview	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Interview date		List Interviewers		
Remarks							
Employed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of employment		Status of employee	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
Pay out of line item:				Rate of pay		Department	
By	Name:					Title:	
	Remarks:						