



**LAFAYETTE COUNTY, MISSISSIPPI  
SHERIFF DEPARTMENT  
F.D. "BUDDY" EAST, SHERIFF**

**APPLICATION INSTRUCTIONS**

Read the following instructions carefully *before* completing your application. You *must* furnish all requested information. The information you provide will be used to determine your qualifications for employment. If you fail to answer all questions on your application fully and accurately, you may delay consideration of your application and may lose employment opportunities.

1. Complete the attached "Application for Employment," using a typewriter or a black or dark blue ball point pen.
2. Check your application to be sure the following attachments are enclosed before returning:
  - (a) A recent, unmounted fullface photograph;
  - (b) A certified copy of your birth certificate;
  - (c) An official transcript of your school record showing the date of graduation or a GED certificate;
  - (d) A certified copy of your DD-214 (Military Discharge) if you have been in the military.

**THESE ITEMS BECOME THE PROPERTY OF THE LAFAYETTE CO. SHERIFF DEPT. AND WILL NOT BE RETURNED.**

3. Complete the Lafayette County Application for Employment.
4. Complete and return the Selective Service Registration information, if applicable.
5. Return the application and above-listed attachments to:

**Lafayette County Administrator's Office  
300 North Lamar Blvd.  
Oxford, MS 38655**
6. Notify the County Administrators office in writing of a change of name, address, or telephone number.
7. **Applications that are illegible or incomplete *will not* be considered.**

**EQUAL OPPORTUNITY EMPLOYER**

**APPLICATION FOR EMPLOYMENT**

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

**MAIL TO:**  
 Lafayette County Administrator's Office  
 300 North Lamar Blvd.  
 Oxford, MS 38655

**Position Applied For:**  
 Deputy  
 Dispatcher  
 Jailer  
 Administrative Assistant  
 Other \_\_\_\_\_

**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 8.5 X 11 SHEETS OF PAPER AND NUMBER ANSWERS TO CORRESPOND WITH QUESTIONS.

ALL Applicants MUST Attach Items 1, 2, 3, and 4

1. A recent picture of yourself.
2. A certified copy of your Birth Certificate (No Photo Copy).
3. A transcript of school record or a Mississippi GED Certificate (No Diploma). These items become the property of the sheriff dept.
4. A certified copy of your DD-214, if applicable (Release or discharge from active duty form)

**I. PERSONAL HISTORY**

1. Full Name: \_\_\_\_\_ 2. SSN: \_\_\_\_\_  
 Last Name First Name Middle Name

(A) List all other names you have used including nicknames and maiden name of female applicants. 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 \_\_\_\_\_  
 Date Place Court

(C) Date of Birth \_\_\_\_\_ (D) Driver License No./State \_\_\_\_\_  
 Place of Birth \_\_\_\_\_ Has your privilege to operate a motor vehicle  
 Marital Status \_\_\_\_\_ ever been suspended or revoked?  No  Yes  
 If yes, explain fully: \_\_\_\_\_

(E) RACE:  American Indian  White  Hispanic  Black  Asian SEX:  Male  Female

(F) Are you a citizen of Mississippi?  Yes  No For how long? \_\_\_\_\_  
 Are you a citizen of the United States?  Yes  No For how long? \_\_\_\_\_

If you have been naturalized: Date: \_\_\_\_\_ Certificate No.: \_\_\_\_\_

**II. RESIDENCES**

1. Present Address: \_\_\_\_\_ /  
 Street and Number City County State Zip Code Telephone

2. Mailing Address: \_\_\_\_\_ /  
 Street and Number City County State Zip Code Telephone

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

DATES		Apt. No.	Street Address	City	State
From	To				

### III. EDUCATION

**EDUCATIONAL BACKGROUND:**

Circle highest school year completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Do you have a high school diploma? \_\_\_\_\_

Do you have a GED certificate? \_\_\_\_\_

Date received: \_\_\_\_\_

Name of High School	Location	Dates		Date Diploma Received
		From	To	

Name of College or University Attended	Total Credits Received		Field of Study or Areas of Concentration				Dates Attended		Type Degree (B.S., M.Ed., etc.) & Date Received (Mo./Yr.)
	Quarter	Semester	Major	Hours	Minor	Hours	From	To	

Were you ever dismissed from a school, or were any disciplinary actions including scholastic probation ever taken against you during your scholastic career?

No

Yes

School \_\_\_\_\_

Date \_\_\_\_\_

Type of Action \_\_\_\_\_

**LICENSE, CERTIFICATE, REGISTRATION** (A copy of the appropriate license or certificate must be attached if required by the job description)

Title/Type	License Number	Name of Licensing Agency	Specialization	Certification Date (Orig.)	Expiration Date

List any special ABILITIES, INTEREST, and HOBBIES with degree of proficiency: \_\_\_\_\_

### IV. REFERENCES

Give three references (not relatives) 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 has known you well during the past five years, and three social acquaintances in your own age group.

**REFERENCES:**

(a) Complete Name \_\_\_\_\_ No. Yrs. Acq. \_\_\_\_\_ Occupation \_\_\_\_\_  
 Home Address \_\_\_\_\_ Business Address \_\_\_\_\_  
 City, State \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

(b) Complete Name \_\_\_\_\_ No. Yrs. Acq. \_\_\_\_\_ Occupation \_\_\_\_\_  
 Home Address \_\_\_\_\_ Business Address \_\_\_\_\_  
 City, State \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

(c) Complete Name \_\_\_\_\_ No. Yrs. Acq. \_\_\_\_\_ Occupation \_\_\_\_\_  
 Home Address \_\_\_\_\_ Business Address \_\_\_\_\_  
 City, State \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**SOCIAL ACQUAINTANCES:**

(a) Complete Name \_\_\_\_\_ No. Yrs. Acq. \_\_\_\_\_ Occupation \_\_\_\_\_  
 Home Address \_\_\_\_\_ Business Address \_\_\_\_\_  
 City, State \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

(a) Complete Name \_\_\_\_\_ No. Yrs. Acq. \_\_\_\_\_ Occupation \_\_\_\_\_  
 Home Address \_\_\_\_\_ Business Address \_\_\_\_\_  
 City, State \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

(a) Complete Name \_\_\_\_\_ No. Yrs. Acq. \_\_\_\_\_ Occupation \_\_\_\_\_  
 Home Address \_\_\_\_\_ Business Address \_\_\_\_\_  
 City, State \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

## V. EMPLOYMENT

List chronologically ALL EMPLOYMENTS, INCLUDING SUMMER AND PART-TIME

Current or Last Employer:		Address:		Phone Number:	
Job Title:		Supervisor's Name:		Number Supervised by You:	
Date Employed (mo/yr)	Starting Salary: \$      Per	Ending Salary: \$      Per	Reason for Leaving:		
Date Separated (mo/yr):	Duties:				
<input type="checkbox"/> Full-Time					
<input type="checkbox"/> Part-Time					
Employer:		Address:		Phone Number:	
Job Title:		Supervisor's Name:		Number Supervised by You:	
Date Employed (mo/yr)	Starting Salary: \$      Per	Ending Salary: \$      Per	Reason for Leaving:		
Date Separated (mo/yr):	Duties:				
<input type="checkbox"/> Full-Time					
<input type="checkbox"/> Part-Time					
Employer:		Address:		Phone Number:	
Job Title:		Supervisor's Name:		Number Supervised by You:	
Date Employed (mo/yr)	Starting Salary: \$      Per	Ending Salary: \$      Per	Reason for Leaving:		
Date Separated (mo/yr):	Duties:				
<input type="checkbox"/> Full-Time					
<input type="checkbox"/> Part-Time					
Employer:		Address:		Phone Number:	
Job Title:		Supervisor's Name:		Number Supervised by You:	
Date Employed (mo/yr)	Starting Salary: \$      Per	Ending Salary: \$      Per	Reason for Leaving:		
Date Separated (mo/yr):	Duties:				
<input type="checkbox"/> Full-Time					
<input type="checkbox"/> Part-Time					
Employer:		Address:		Phone Number:	
Job Title:		Supervisor's Name:		Number Supervised by You:	
Date Employed (mo/yr)	Starting Salary: \$      Per	Ending Salary: \$      Per	Reason for Leaving:		
Date Separated (mo/yr):	Duties:				
<input type="checkbox"/> Full-Time					
<input type="checkbox"/> Part-Time					

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

No

Yes \_\_\_\_\_ Employer's Name \_\_\_\_\_ Date \_\_\_\_\_

Reason: \_\_\_\_\_

Are you now employed by an agency of the Federal or State Government?  Yes  No

Have you been employed by the Federal Government within the past 90 days?  No  Yes

Agency \_\_\_\_\_ Location \_\_\_\_\_

Do you have any sources of income other than your salary?  Yes  No

Specify each with amount: \_\_\_\_\_

Total amount of such income? \_\_\_\_\_

## VI. MILITARY RECORD

(a) Have you ever served on active duty in the Armed Forces of the United States?  Yes  No  
 Branch of Service: \_\_\_\_\_ Dates Served From \_\_\_\_\_ To \_\_\_\_\_  
 Military Operation: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Type Discharge: \_\_\_\_\_ Type Release from active duty: \_\_\_\_\_  
 Honorable  Expiration of Enlistment  
 Hardship  Retired  
 Other (explain) \_\_\_\_\_  Other \_\_\_\_\_

(b) Reserve Status:  None  Active  Inactive Discharge Date: \_\_\_\_\_  
 Are you a member of the National Guard or other Reserve Unit?  Yes  No  
 Branch:  Army  Navy  Air Force  Marine Corps  Coast Guard  
 If you are in a pay status requiring drills, meetings or camps, give Unit and Location. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(c) If you were ever disciplined while in the military service, please explain circumstances in detail. List dates, nature of offense, type of court-martial or company punishment, whichever is applicable, and disposition of charges. Show any and all fines, restrictions and confinement in detail.

Offense	Type of Court Martial	Disposition of Charge	Fine, Restrictions & Confinement

## VII. COURT RECORD

(a) Have you ever been arrested or charged?  Yes  No List all traffic citations and/or misdemeanor violations and any convictions of any crime by any court pending or non-pending (against you). (Add attachment if applicable.)

Date	Place	Charge	Final Disposition	Details

(b) Has any member of your immediate family or close relative (including in-laws) ever been arrested for other than traffic violations?  Yes  No

Name	Relation	Date	Place	Charge	Final Disposition

(c) Have you ever been a party to any civil (garnishments, bankruptcy, etc.), quasi-criminal or chancery action, in County, Circuit or Chancery Court?  Yes  No (Give date, place, court, names or parties involved, nature of action, and final disposition).

Date	Court	Parties Involved	Nature of Action	Final Disposition

### VIII. RELATIVES

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. Even though a relative is deceased, give all the information requested, and indicate last resident and year of death. Include step brothers and sisters, half brothers and sisters, and if you or your wife have step-parents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished concerning them as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included under section C, H, I, and J regarding your future husband or wife and future in-laws, and show clearly that relationship is contemplated.

Complete Name (no initials)	Complete Address	Occupation, Name and Address of Firm where Employed	Date and Place of Naturalization
<b>A. FATHER</b>			
Name _____	_____		
Address _____	_____		
Age _____ Place of birth _____	_____		
<b>B. MOTHER</b>			
Name _____	_____		
Address _____	_____		
Age _____ Place of birth _____	_____		
<b>C. WIFE OR HUSBAND</b>			
Name _____	_____		
Address _____	_____		
Age _____ Place of birth _____	_____		
<b>D. CHILDREN</b>			
Name _____	_____		
Address _____	_____		
Age _____ Place of birth _____	_____		
Name _____	_____		
Address _____	_____		
Age _____ Place of birth _____	_____		
Name _____	_____		
Address _____	_____		
Age _____ Place of birth _____	_____		
<b>E. BROTHERS AND SISTERS</b>			
Name _____	_____		
Address _____	_____		
Age _____ Place of birth _____	_____		
Name _____	_____		
Address _____	_____		
Age _____ Place of birth _____	_____		
Name _____	_____		
Address _____	_____		
Age _____ Place of birth _____	_____		
Name _____	_____		
Address _____	_____		
Age _____ Place of birth _____	_____		
<b>F. WIVES AND HUSBANDS OF BROTHERS AND SISTERS</b>			
Name _____	_____		
Address _____	_____		
Age _____ Place of birth _____	_____		
Name _____	_____		
Address _____	_____		
Age _____ Place of birth _____	_____		
Name _____	_____		
Address _____	_____		
Age _____ Place of birth _____	_____		
Name _____	_____		
Address _____	_____		
Age _____ Place of birth _____	_____		

**VIII. RELATIVES (Continued)**

**G. FATHER-IN-LAW**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

**H. MOTHER-IN-LAW**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

**I. BROTHERS AND SISTERS OF YOUR HUSBAND OR WIFE**

(a) Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

(b) Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

(c) Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

(d) Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

**J. OTHERS - (Include relation)**

(a) Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

(b) Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

(b) Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

(b) Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

**IX. WIFE/HUSBAND**

Name of Spouse's Employer: \_\_\_\_\_

Address of Spouse's Employer: \_\_\_\_\_

Spouse's Position: \_\_\_\_\_

How Long? \_\_\_\_\_ Social Security Number: \_\_\_\_\_

ALL RECORDS SUBMITTED BECOME THE PROPERTY OF  
LAFAYETTE COUNTY

ALL APPLICANTS

Attach an unmounted full face photograph of yourself, not larger than 2¾ by 2½ 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 APPOINTIVE CONSIDERATION WILL BE AFFORDED ANY APPLICANT UNLESS SUCH A PHOTOGRAPH IS FURNISHED.

I understand that all appointments are probationary for a period of six months, during which time the employee must demonstrate his fitness for continued employment by the Lafayette County Sheriff Department. 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 basis for dismissal from the Lafayette County Sheriff Department and I agree to these conditions.

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

X. APPLICANT'S AFFIDAVIT

STATE OF MISSISSIPPI

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 forgoing 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

EQUAL OPPORTUNITY EMPLOYER



**XI. AUTHORITY TO RELEASE INFORMATION FORM**

Please read the following release form carefully and enter your signature, address, and the date in the designated spaces. **THIS FORM MUST BE NOTARIZED.**

DATE: \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

Having made application to the Lafayette County Sheriff Department and desiring them to be informed of my past record and character, whether it be financial, academic, military, medical employment, judicial, or personal reference, I, the undersigned, being under no disability whatsoever, hereby authorize the release of all such information, privileged or otherwise, to the Lafayette County Sheriff Department and its representatives, and release all contributing parties of such information from any charges or liability whatsoever because of furnishing said information.

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**STATE OF MISSISSIPPI:**

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

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

Given under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commission Expires:

\_\_\_\_\_

Selective Service Registration

As required by Section 25-9-351(a), Mississippi Code Annotated, 1972:

- (a) Every male between the ages of eighteen (18) and twenty-six (26) who is required to register under the federal Military Selective Service Act, 50, USCS App. 453, and is seeking employment with the State of Mississippi shall submit to the person, commission, board or agency to which his application is submitted satisfactory documentation of his compliance with the draft registration requirements of the Military Service Act.

If you fall into one of the following categories listed below, you will not be required to register:

**C. Persons not Required to be Registered:**

a. The following persons are not required to be registered:

- (1) Aliens legally admitted to the United States as non-immigrants under section 101(a)(15) of the Immigration and Nationality Act, as amended (66 STAT. 153; 8 U.S.C. 1101) and who continue to maintain the non-immigrant status; e.g., visitor for business or pleasure, foreign diplomatic representatives, technical attaches of foreign embassies and legations, consuls general, consuls, vice consuls, diplomatic agents, members of NATO or other international organizations who are not United States citizens and members of their families, educational exchange students, and representatives of foreign information medica.
- (2) Commissioned officers, warrant officers and enlisted men who are active duty in the Army, the Navy, the Air Force, the Marine Corps, and the Coast Guard, and commissioned officers of the National Oceanic Atmospheric Administration and the regular Public Health Service.
- (3) Cadets at the United States Military Academy, the United States Air Force Academy, the United States Coast Guard Academy, and midshipmen at the United States Naval Academy.
- (4) Students enrolled in the officer procurement program at the following military colleges, the curriculum of which has been approved by the Secretary of Defense:

The Citadel (Charleston, SC)  
North Georgia College (Dahlonge, GA)  
Norwich University (Northfield, VT)  
Virginia Military Institute (Lexington, VA)

- (5) Members of the reserve components of the Armed Forces, the Coast Guard and the Public Health Service while on duty. Active duty in the Public Health Service must be performed by officers of the Reserve of the Public Health Service while assigned to staff any of the various offices and bureaus of the Public Health Service, including the National Institutes of Health, or while assigned to the Coast Guard, the Bureau of Prisons of the Department of Justice, the Environmental Protection Agency of the National Oceanic and Atmospheric Administration, or while assigned to assist Indian Tribes, groups, bands or communities pursuant to PL 568, 83<sup>rd</sup> Congress, as amended.

- b. A person who is hospitalized or incarcerated at the time specified for his registration shall be exempt from registration during the period of confinement. Upon his release he shall present himself for registration.

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

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SELECTIVE SERVICE ID: \_\_\_\_\_