



JONES COUNTY SHERIFF'S DEPARTMENT

ALEX HODGE, SHERIFF

P. O. Box 185 • Laurel, MS 39441-0185

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

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?

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?

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.

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**

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: _____

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: _____

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

APPLICANT NAME: _____

SSN#: ____/____/____

EDUCATION RECORD

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

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

Name and Occupation	Address (Including City and State)	Phone Numbers

JONES COUNTY SHERIFF'S DEPARTMENT APPLICATION FOR EMPLOYMENT

The Board of Law Enforcement Standards and Training (BLEOST), in recognizing the importance of physical fitness for academy performance and subsequent job performance, has established physical fitness training standards that must be achieved in order to successfully complete the training program. The board has established a test that effectively measures cardiovascular endurance and strength. An additional component of fitness, body weight and composition (% of body fat), has a great impact on the examinee's ability to perform the other test. The evaluation of the candidate's fitness begins with a physical examination and a determination of the fat to lean tissue. If an individual's weight exceeds the threshold weight, then a skinfolds caliper measurement should be taken to determine the body fat percentage.

Beginning July 1st, 1995, the BLEOST will require all board-approved training academies to administer an entry physical fitness test for those students reporting to the 10-week basic training program. The examination will be given immediately upon reporting for training and will determine whether a student can remain in the program. This test is an eligibility requirement. A passing score of 50% must be achieved. Those students who fail must leave the academy. They may, however, resubmit their application to attend a future training class.

The test is comprised of four components: Flexibility, agility run, push-ups, and a 1 ½ mile run. It is the same test administered at the end of the program with one exception: The entry examination requires 50% to pass while the final test mandates 70%. This new requirement does not relieve students from participating in P.T training once they pass the entry requirement. Trainees will continue to participate in scheduled P.T. training and must pass and must also pass a final P.T. test with a minimum score of 70% in order to graduate. It is important that all students understand this since even a physically fit person who has engaged in poor eating and drinking habits before reporting could fail the test.

Physical fitness can only be achieved over time. It requires a commitment to regular exercise and good eating habits. Thus it is important to disseminate this information so that all impacted personnel can prepare ahead of time. Scores needed to enter training and to graduate are as follows.

Age Groups	20-29		30-39		40+	
	Male	Female	Male	Female	Male	Female
1.5 Mile Run 70% minimum requirement to graduate	14:30	17:18	15:30	18:30	16:30	19:42
1.5 mile run 50% pre-entrance requirement	18:10	21:38	19:10	22:50	20:10	24:02
Agility Run 50% pre-entrance requirement	20:40	23:30	20:90	24:40	21:85	26:05
Agility Run 70% minimum requirement to graduate	18:60	21:10	19:10	22:20	20:05	23:85
Trunk Flex Inches 60% pre-entrance requirements*	3	4	2	3	1	2
Trunk Flexion Inches 70% minimum requirement to graduate	11	12	10	11	9	10

**There are no 50% measurements for the trunk flexion event.*

Push Ups	17-21 yrs.	22-26 yrs.	27-31 yrs.	32-36 yrs.	37-41 yrs.	42-46 yrs.	47-51 yrs.	52+ yrs.
70% min. to graduate	M-52 F-28	M-50 F-26	M-48 F-24	M-43 F-22	M-42 F-18	M-36 F-17	M-32 F-13	M-26 F-12
50% min. for Pre-entrance	M-32 F-13	M-30 F-11	M-28 F-10	M-23 F-9	M-22 F-8	M-18 F-7	M-17 F-6	M-12 F-6

JONES COUNTY SHERIFF'S DEPARTMENT
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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