

## **Rankin County Sheriff's Office**

*Bryan Bailey, Sheriff*  
221 North Timber Street  
Brandon, MS 39042  
Phone (601) 825-1480

### **Employment Application Instructions**



## **IMPORTANT**

### **Read all instructions carefully.**

Make copies of the requested documents before you return your application.  
We will not make copies.

If items 1, 2 and 3 are not attached to the application, you will not be considered for employment.

All applicants regardless of the position they are seeking must submit to polygraph testing as part of their pre-employment screening.

The accompanying Polygraph Booklet must be completed and turned in with the employment application and additional items. It is important that applicants provide truthful answers to the questions within the polygraph booklet.

**APPLICATION FOR EMPLOYMENT**

Date \_\_\_\_\_

MAIL TO

**RANKIN COUNTY SHERIFF'S DEPARTMENT**

**221 North Timber Street  
Brandon, Mississippi 39042**



*Position Applied For*  
(SELECT BELOW)

- |   |   |
|---|---|
| <input type="checkbox"/> Deputy Sheriff         | <input type="checkbox"/> Juvenile Detention |
| <input type="checkbox"/> Communications Officer | <input type="checkbox"/> Adult Detention    |
| <input type="checkbox"/> Reserve Deputy Sheriff | <input type="checkbox"/> _____              |
| <input type="checkbox"/> Secretary              |   |

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 SHEETS OF THE SAME SIZE AS THIS APPLICATION AND NUMBER ANSWERS TO CORRESPOND WITH QUESTIONS.

ALL Applicants must Attach Items 1 thru 4.

- |  |   |
|--|---|
| 1. A recent picture of yourself (i.e. passport photo)  | 2. A Certified copy of your Birth Certificate   |
| 3. A transcript of High School record, Mississippi G.E.D. Certificate, and/or College transcript | 4. If the applicant is a military veteran, then a copy of the DD-214 must be provided |

**I. Personal History**

1. Name in full: \_\_\_\_\_

Last Name

First Name

Middle Name

(A) List all other names you have used including nicknames and maiden name if applicable. 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

Driver License No. & State \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Email Address \_\_\_\_\_

How many Languages do you speak? \_\_\_\_\_ Explain what languages and proficiency: \_\_\_\_\_

\_\_\_\_\_

Has your privilege to operate a motor vehicle ever been suspended or revoked? ☐ No ☐ Yes (explain fully)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. Residences**

1. Present resident address and telephone number

Apt. No.

Street

City

State

Zip

Telephone

2. Complete address to which you wish mail to be sent (including telephone number)

\_\_\_\_\_

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

Dates	Apt.	Street Address	City	State
From / To	No.			

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

d) \_\_\_\_\_

e) \_\_\_\_\_

f) \_\_\_\_\_

### III. EDUCATION

Name of School	Location	Dates		Course Pursued	Degrees or Diploma Received
		From	To		
High School					
College					
Graduate School					
Miscellaneous					

(a) Were you ever dismissed from a school, or was any disciplinary action including scholastic probation ever taken against you during your scholastic career?

☐ No

☐ Yes \_\_\_\_\_  
 School \_\_\_\_\_ Date \_\_\_\_\_ Type of action \_\_\_\_\_

### IV. REFERENCES

Give three references (not relative, former employers, fellow employees or school teachers) 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 have known you well during the past five years.

(a) Complete name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Residence \_\_\_\_\_  
 No. Yrs. Acq. \_\_\_\_\_ Occupation \_\_\_\_\_ Business \_\_\_\_\_

(b) Complete name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Residence \_\_\_\_\_  
 No. Yrs. Acq. \_\_\_\_\_ Occupation \_\_\_\_\_ Business \_\_\_\_\_

(c) Complete name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Residence \_\_\_\_\_  
 No. Yrs. Acq. \_\_\_\_\_ Occupation \_\_\_\_\_ Business \_\_\_\_\_

### V. EMPLOYMENT

List chronologically ALL EMPLOYMENTS INCLUDING SUMMER AND PART-TIME EMPLOYMENTS.

Name and address of Employer	Dates		Salary	Position and type of work	Name of Supervisor	Reason for Leaving
	From	To				
(a) Name _____ Address _____ City _____ Ph# _____						
(b) Name _____ Address _____ City _____ Ph# _____						
(c) Name _____ Address _____ City _____ Ph# _____						
(d) Name _____ Address _____ City _____ Ph# _____						

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

☐ No

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

Reason \_\_\_\_\_

(f) Are you now employed by an agency of the federal or State Government? ☐ Yes ☐ No

Have you been employed by the Federal Government or state Government within the past 90 days?

☐ No

☐ Yes \_\_\_\_\_  
 Agency \_\_\_\_\_ Location \_\_\_\_\_

**VI. MILITARY RECORD** (copy of DD-214 must be attached)

1. Are you registered for Selective Services? ☐ No  
☐ Yes \_\_\_\_\_
2. Have you ever served on active duty in the Armed Forces of the United States? ☐ Yes ☐ No
3. Branch of Military Service \_\_\_\_\_ 4. Serial Number \_\_\_\_\_ 5. Dates of Service \_\_\_\_\_
6. Discharge  
Type \_\_\_\_\_ Basis for Discharge \_\_\_\_\_
7. Veteran's preference claimed  
☐ No ☐ Yes (Specify basis for claim) \_\_\_\_\_
8. Member of  
Reserve ☐ No ☐ Yes ☐ Ready ☐ Standby  
National Guard ☐ No ☐ Yes  
Service Branch \_\_\_\_\_
9. If you are in a pay status requiring that you attend drills, meetings, or camps, give name of Unit and Location.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. CREDIT RECORD**

- (a) Has your credit record ever been considered unsatisfactory, or have you ever been refused credit? ☐ No ☐ Yes
- (b) Are you indebted to anyone? ☐ Yes ☐ No (Specify)

Name	Address	Amount

**VIII. COURT RECORD**

- (a) Have you ever been convicted of any crime (felony or misdemeanor) including traffic citations? ☐ No ☐ Yes

Date	Place	Charge	Final Disposition	Details

- (b) Have you ever been involved in any criminal and/or civil legal action? ☐ No ☐ Yes  
(Give date, place, court, names of parties involved, nature of action, and final disposition)
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IX. ORGANIZATION MEMBERSHIP**

List all clubs, societies or organizations of which you are, or have been, a member and its location.

- (a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_

**X. SOCIAL MEDIA**

- (a) Do you participate in any or are you a member of any social media platform or website? ☐ No ☐ Yes  
If so, please list the name of the platform (Facebook, Instagram, Twitter, etc.), web address, and your profile/vanity name.
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## XI. RELATIVES

Complete Name (no initials)    Complete Address	Occupation, Name and Address of Firm where Employed	Date and Place of Naturalization
(a) FATHER Name _____ Address _____ Age _____ Place of Birth _____		
(b) MOTHER (include maiden name) Name _____ Address _____ Age _____ Place of Birth _____		
(c) HUSBAND OR WIFE (if wife, include maiden name) Name _____ Address _____ Age _____ Place of Birth _____		
(d) CHILDREN Name _____ Address _____ Age _____ Place of Birth _____		
(e) CHILDREN Name _____ Address _____ Age _____ Place of Birth _____		
(f) CHILDREN Name _____ Address _____ Age _____ Place of Birth _____		
(g) CHILDREN Name _____ Address _____ Age _____ Place of Birth _____		

PHOTOGRAPH

### ALL APPLICANTS

Attach an unmounted full face photograph of your-Self, not larger than 2 ¾ by 2 ½ 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 CONSIDERATION WILL BE AFFORDED ANY APPLICANT UNLESS SUCH A PHOTOGRAPH IS FURNISHED.

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(Signature of the applicant as usually written)

## Authorization for Release of Information

\_\_\_\_\_  
DATE

I, \_\_\_\_\_ Applicant, by this, my signature, authorize the Rankin County Sheriff's Office to furnish and provide full and complete professional, medical, personal and employment information hereby requested by the undersigned, or to any representative, attorney or investigators from said office, as the result of the undersigned applying for the position of \_\_\_\_\_ said application occurring on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

This authorization also includes examination of all records of the following: employment records, medical records, financial records (including financial statements, credit reports and / or bankruptcy filings), references (including opinions) which will aid in the investigation of the employment application.

By the execution of this Release I hereby hold the Rankin County Sheriff's Office harmless on the obtaining of the above listed records.

\_\_\_\_\_  
(APPLICANT)

***Rankin County Sheriff's Office***  
**Application for Employment - Addendum for Positions Requiring State Certification**

The following positions require state certification through Mississippi's Peace Officer's Standards and Training (POST):

- Deputy Sheriff
- Reserve/Part-time Deputy Sheriff
- Detention Officer (for both adults and juveniles)
- Emergency Telecommunicator (Dispatcher)

As such, there are additional questions that must be answered when applying to the Rankin County Sheriff's Office (RCSO). These questions are required to be answered on all POST state certification applications for the above positions and may affect an applicant's ability to be certified for such by the state. The answers to these questions are necessary to ensure that those persons hired by the RCSO will be eligible for state certification in the position(s) for which they are being hired.

Whereas disclosure of the following information may or may not prevent certification by POST, dishonest answers and/or failure to fully disclose information requested will have direct bearing on your ability to be certified, and therefore, hired by this agency.

**Circle One**

**Yes | No** 1. Have you ever been a defendant in a court martial, Article 15, Captain's Mast or other nonjudicial punishment?

**Yes | No** 2. Has a judgment ever been issued against you?

**Yes | No** 3. Have you ever declared bankruptcy?

**Yes | No** 4. Have you ever been arrested or charged with a crime?

**Yes | No** 5. Have you ever received any alternative(s) to sentencing such as probation before judgment, pretrial diversion, non-adjudication of guilt or have you ever had an expungement?

**Yes | No** 6. Have you ever been found guilty or pled guilty or no contest to a crime?

**Yes | No** 7. Have you ever been refused a surety bond or turned down for employment that required a surety bond?

**Yes | No** 8. Have you ever: (a) been suspended for any reason from any employment; (b) been terminated from any employment; (c) resigned to prevent termination from any employment; (d) resigned prior to, during or at the conclusion of any such investigation into your activities?

**Yes | No** 9. Have you ever been addicted to or hospitalized for the use of alcohol or drugs?

**Yes | No** 10. Have you ever had a certificate, license or privilege removed, revoked, suspended or voluntarily relinquished the same under state, federal or other laws?

**A complete, written explanation (without any omissions) of each and every "Yes" answer to the above questions must be attached to this form.** I certify that I have answered the above questions truly and correctly and all information I've furnished explaining such is complete and accurate.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

# RANKIN COUNTY SHERIFF'S OFFICE

## PRE-EMPLOYMENT

### POLYGRAPH BOOKLET

(Please Print)

Full Legal Name: \_\_\_\_\_

Race: \_\_\_\_\_

Gender: Male ☐ Female ☐ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(Last 4 Digits Only)

County/Parish of Residence: \_\_\_\_\_

If you have ever taken a polygraph examination before, please give the date and reason for the examination below.

DATE	AGENCY OR BUSINESS	RESULTS (Pass, Fail, or Inconclusive)

### PREFACE

The information contained in this booklet is an integral part of your application process, which will be used by your polygraph examiner and background investigator. The information that you provide in the forthcoming pages is confidential and will be viewed by the polygraph examiner, the background investigator, and members of the agencies chain of command for review and hiring purposes.

We realize that it would be a rarity for any applicant to have no mistakes or personal indiscretions in their past, so we place a high degree of value on your honesty and integrity in answering the following questions truthfully. We ask that you be completely honest in each and every area of this booklet. Do not minimize, alter, or exclude any details about any information in this booklet. If you are uncertain about a particular issue in any of these areas specific to your situation,



you should err on the side of caution and include the information about that issue. The polygraph examiner is authorized by the agency to ask any and all questions relating to the information in this booklet. During the polygraph examination you will have an opportunity to give an explanation on any and all information you disclosed.

In reference to the area of work history, the term “reprimand” refers to any written or verbal reprimands or disciplinary actions. In the areas of criminal activity and illegal drugs, the polygraph examiner understands that there may be information you are reluctant to provide or apprehensive to disclose. However, your failure to disclose any information in these areas will definitely have an adverse impact on the results of your polygraph examination and application for employment with the DPS.

**INSTRUCTIONS:** Answer all questions completely. If the question is not applicable, write “N/A.” Only write “UNKNOWN” if you do not know the answer and cannot obtain the answer from personal records. Booklets with blank areas will not be accepted.

**For additional explanations to answers, please attach those sheets to the back of this booklet.**

## PERSONAL BACKGROUND

Full

1. Name:

	(First)	(Middle)	(Last)
Other Names (Aliases, maiden names, nicknames, etc.):			

Other Names (Aliases, maiden names, nicknames, etc.):

DL 2.

Last 4 SSN: No.: State of Issue:

**3. Residence Address:**

\_\_\_\_\_  
 (Street and Number) (City) (State) (Zip)

Home 4. Telephone: ( ) Office: ( ) Cell: ( )

E-Mail

**5. Address:**

**WORK HISTORY**

1. Describe any disciplinary actions (verbal, written, suspensions, days off, etc.) taken against you at a place of employment.

**Employer #1:**

When?

---

Details:

**Employer #2:**

When?

---

Details:

**Employer #3:**

When?

---

Details:

**Employer #4:**

When?

---

Details:

2. Describe any incidents that resulted in your being fired or asked to resign.

**Employer #1:** \_\_\_\_\_

When? \_\_\_\_\_

Why?

**Employer #2:** \_\_\_\_\_

When? \_\_\_\_\_

Why?

**Employer #3:** \_\_\_\_\_

When? \_\_\_\_\_

Why?

3. List any former employers who would give you a negative job reference, such as for work performance, personality conflicts, quitting without giving sufficient (2-3 weeks) notice, or other reasons.

**Employer #1:** \_\_\_\_\_

When? \_\_\_\_\_

Why?

**Employer #2:** \_\_\_\_\_

When? \_\_\_\_\_

Why?

**Employer #3:** \_\_\_\_\_

When? \_\_\_\_\_

Why?



**ACTIVITY INVOLVING PERSONS****Have you ever engaged in any of the following?**

- |   |     |    |
|---|-----|----|
| 1. Murder? -----                                    | Yes | No |
| 2. Kidnapping? -----                                | Yes | No |
| 3. Physical assault? -----                          | Yes | No |
| 4. Domestic violence? -----                         | Yes | No |
| 5. Physical assault with a weapon? -----            | Yes | No |
| 6. Excessive use of force in the line of duty?----- | Yes | No |
| 7. Bribery? -----                                   | Yes | No |
| 8. Perjury? -----                                   | Yes | No |
| 9. Robbery? -----                                   | Yes | No |
| 10. Terroristic threat? -----                       | Yes | No |
| 11. Organized criminal activity? -----              | Yes | No |
| 12. Criminal gang activity? -----                   | Yes | No |
| 13. Child molestation? -----                        | Yes | No |
| 14. Child pornography?-----                         | Yes | No |
| 15. Sexual contact with a child? -----              | Yes | No |
| 16. Sexual assault? -----                           | Yes | No |
| 17. Indecent Exposure?-----                         | Yes | No |
| 18. Sexual Harassment-----                          | Yes | No |

**In the space below, explain all "yes" answers that you have given to questions 1 through 18. Include date of incidents, circumstances, number of times, locations, and value of any property involved.**

[illegible]

**ACTIVITY INVOLVING THEFT OR PROPERTY****Have you ever engaged in any of the following?**

- |   |     |    |
|---|-----|----|
| 1. Shoplifting or other theft of merchandise? ----- | Yes | No |
| 2. Theft of cash? -----                             | Yes | No |
| 3. Theft from an employer? -----                    | Yes | No |
| 4. Theft of military items? -----                   | Yes | No |
| 5. Burglary? -----                                  | Yes | No |
| 6. Insurance fraud? -----                           | Yes | No |
| 7. Identify theft? -----                            | Yes | No |
| 8. Forgery?-----                                    | Yes | No |
| 9. Theft of vehicle?-----                           | Yes | No |
| 10. Vandalism? -----                                | Yes | No |
| 11. Criminal mischief? -----                        | Yes | No |
| 12. Hit and run accidents? -----                    | Yes | No |
| 13. Arson? -----                                    | Yes | No |

**In the space below, explain all "yes" answers that you have given to questions 1 through 13. Include date and location of incidents, number of times, estimated dollar value, and/or other circumstances.**

[illegible]



## **ACTIVITY INVOLVING DRUG USE AND/OR DISTRIBUTION**

In recent years, drug use has become common in our society. This agency recognizes that it would be unlikely to hire only candidates who have never experimented with some drugs. However, it is important that the agency be aware of your prior experimentations because, as a government employee, you may in the future be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug activities, and the defense could ask about your own personal drug use in an effort to attack or impeach your credibility.

In addition, this agency needs to assess your involvement in the sale of drugs to another person (with or without profit to you); delivery of drugs to another person; transportation of drugs to be sold; trading of drugs for anything of value; manufacturing of drugs; cultivation of drug plants; or any other manner of involvement in a transaction involving drugs.

1. Have you ever experimented with any drug, including, but not limited to, marijuana, THC Vapes, THC Gummies or edibles, K2, spice, bath salts, illegal steroids, illegal prescription drugs, ecstasy, methamphetamine, or any other type of drug? If yes, for each drug with which you have experimented, use the space provided below to identify the drug, the number of times you experimented with it, when and where you experimented with it, the last time you experimented with it and the last time you were around someone else using that drug.

Yes No

2. Have you ever experimented with drugs, including marijuana, while employed as a law enforcement, custodial, or correctional officer?

Yes No

3. Have you ever sold, manufactured, cultivated, illegally transported, or illegally delivered any type of drug for any reason? If yes, use the space provided below to describe the activity, the number of times you engaged in that activity, and when you engaged in that activity.

Yes No

ITEM #	EXPLANATION



**PLEASE READ, SIGN, AND DATE**

You have now completed the polygraph pre-test booklet/personal history statement. **You should stop for a moment and think about your answers to ensure that you have accurately provided all of the information that was requested. Review your answers. If you now recall any information that was requested that you did not include in the booklet, go back and make the correction.** Then, read and sign the statement below.

I certify that the foregoing answers are true, correct, and complete to the best of my knowledge and belief. I have not withheld, falsified, or misrepresented any information requested in this booklet. I hereby grant authorization to this agency to contact any person or organization for information and/or documents to verify the validity of any previous statement.

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Signature of Applicant

---

Date

**END OF BOOKLET**