

# Coahoma County Sheriff's Office

1 Justice Drive

Clarksdale, Mississippi 38614

(662) 624-3081 || (662) 351-0589

Office

Fax



Sheriff

Mario Magsby, Sr

## EMPLOYMENT APPLICATION FORM

The Coahoma County Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

**NOTICE:** The following additional documents must be attached to this application (NEW HIRE ONLY):

1. A certified copy of birth certificate
2. A certified copy of high school diploma or State approved G.E.D.
3. A copy of military discharge(s).

DATE APPLICATION RECEIVED: \_\_\_\_\_

POSITION APPLYING FOR:

DEPUTY SHERIFF     
  RECEPTIONIST     
  ADMINISTRATIVE ASSISTANT     
  CUSTODIAN/MAINTENANCE  
 CRIMINAL INVESTIGATION     
  JAILER     
  OTHER

### INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete 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.

I understand that the submission of this application for internship to the sheriff's department does not constitute an application for employment. Moreover, I understand this law enforcement agency is under no obligation to sponsor me as a candidate for any law enforcement training program.



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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:

	Fluent	Good	Fair
Read:			
Write:			

6. Indicate any law enforcement education/training:

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COAHOMA COUNTY SHERIFF'S DEPARTMENT

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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 by any law enforcement agency?  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 certification such as jailer, radio operator, etc., showing licensing authority, where the license was issued, and date current certification 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. Are you a certified law enforcement officer for MS ?  Yes  No If yes, provide details of academy and year:

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13. Would you be willing to be transferred to investigation or SRO, if necessary?  Yes  No  
(I understand that these positions require an additional set of skills and ongoing training to remain proficient)

**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.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						

2. Have you ever worked or applied for a position within the sheriff's department?  Yes  No

3. Are you authorized to legally carry a firearm if required by the position?  Yes  No. If **YES** to question #2 or **NO** to #3, please provide details.

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4. Have you ever been alleged or charge with any sexual assault, harassment or any sexual allegation(s)?

Yes  No If yes, please provide full details (use additional sheet of paper if needed).

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5. Are you related to any individual(s) that works for the sheriff's department or county government?

Yes  No If yes, please provide name and describe your relationship to each individual.

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**RESIDENCES**

1. Actual places of residence for past 10 years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates Mo./Yr.		Apt. No.	Street Address	City	County	State
From	To					

**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. Do you have any unpaid traffic tickets or fines in any state or county?  Yes  No



3. Have you ever been convicted of a domestic violence incident? \_\_\_\_ 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
Relative's Name	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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### DRIVING HISTORY

1. Are you a licensed Mississippi 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. \_\_\_\_\_

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

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

### MILITARY HISTORY

1. Are you registered for Selective Service?  Yes  No

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

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: \_\_\_\_\_

\_\_\_\_\_ 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

Serial #: \_\_\_\_\_

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

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

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

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

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

8. **VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veteran's preference. **Documentation substantiating your claim must be furnished at the time of application.**

\_\_\_\_ 1. A veteran with a service-connected disability who was honorably discharged and who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.

\_\_\_\_ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.

\_\_\_\_ 3. A veteran of any war as defined in Mississippi Statutes, who has served at least one (1) day during a war time period.

\_\_\_\_ 4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

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

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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 to overthrow the government?  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.

## 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  <hr/> <div style="text-align: center; font-size: small;">(Last, First, Middle)</div>		Home Address: City, State & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____  _____ _____ _____
Yrs. Acq.	Occupation	
Complete Name  <hr/> <div style="text-align: center; font-size: small;">(Last, First, Middle)</div>		Home Address: City, State & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____  _____ _____ _____
Yrs. Acq.	Occupation	
Complete Name  <hr/> <div style="text-align: center; font-size: small;">(Last, First, Middle)</div>		Home Address: City, State & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____  _____ _____ _____
Yrs. Acq.	Occupation	

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.

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



### EMPLOYEE HISTORY

**THE INFORMATION CONTAINED HEREIN MAY BE CONFIDENTIAL  
AND NOT AVAILABLE FOR PUBLIC INSPECTION.**

1. Applicant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Gender/Race \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

2. Applicant's Social Security Number: \_\_\_\_\_

3. Spouse's Name and Address (if different):

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Children's Names and Ages:

Name	Date of Birth	Address (if different than applicants)

5. Former Spouse(s) Name and Address:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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6. Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied? \_\_\_ Yes \_\_\_ No

7. This position may require a physical agility test, if such a test or examination is required, would you be able to take this test or examination? \_\_\_ Yes \_\_\_ No

8. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( ) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

9. Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( ) \_\_\_\_\_  
Business Phone \_\_\_\_\_

**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 , whether 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? \_\_\_ Yes \_\_\_ No 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: \_\_\_\_\_

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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.

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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.

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I understand that the "Applicants 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

Witnessed by: \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

I understand that my appointment or employment will be contingent upon the results of a complete background investigation and required certification(s), if required. 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 any supporting documents that are required to prove the answers you provided to the \_\_\_ questions within this application.

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 illegal 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.

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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

Witnessed by: \_\_\_\_\_

**CERTIFICATION OF APPLICANT**  
***For Special Process Server Employed by the Coahoma County Sheriff's Department***

I understand that any appointment offered to 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 to revoke my appointment. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge. I understand that I may be required to submit to the Sheriff's Office a copy of my income tax return for the year prior to employment and may be required to submit a copy of my income tax return each year thereafter during my appointment. I also understand and agree that this application shall be the property of the Sheriff's Office.

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I understand that any appointment is at the pleasure of the Sheriff who shall retain the power to revoke my appointment at anytime.

I understand that I shall be disinterested in any process I may serve and my service will be contingent upon appointment by the Sheriff, whereby I will swear under oath to honestly, diligently, and faithfully exercise the duties of my office.

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

\_\_\_\_\_  
Date

We, the undersigned, do hereby swear under oath to personally know \_\_\_\_\_, to vouch for his or her good moral character and to have witnessed the signature of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Witnessed by:

Witnessed by:

\_\_\_\_\_

\_\_\_\_\_

**DOCUMENTS TO BE ATTACHED TO APPLICATION**

1. Attach a certified copy of birth certificate.
2. Attach a certified copy of high school diploma or Mississippi Standards approved G.E.D.
3. Attach a copy of military discharge(s).
4. Attach a copy of driver's license.
5. Attach a copy COVID-19 Vaccination (required as long as pandemic exist or by order of the sheriff's office)

**OTHER REQUIREMENTS**

When ordered by the Sheriff's Office, applicant will be fingerprinted and shall submit to a complete physical examination and electrocardiogram, if desired.

**REMARKS**

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

**BACKGROUND INVESTIGATION WAIVER**  
***Authority for Release of Information to the Coahoma County Sheriff's Department***

TO: Concerned Person or APPLICANT'S NAME: \_\_\_\_\_

Authorized Representative of Any Organization, Institution: \_\_\_\_\_

DATE OF BIRTH or Repository of Records: \_\_\_\_\_

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

Coahoma County Sheriff's Department or its designee: \_\_\_\_\_

**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:

\_\_\_\_\_

\_\_\_\_\_

*Mississippi Statute 15.2-1709 titled employer immunity from liability; disclosure of information regarding former employees states: – An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee or appointee.*

Pursuant to the Laws of Mississippi, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

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

\_\_\_\_\_  
Date

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

**AFFIDAVIT**

STATE OF MISSISSIPPI, COUNTY OF COAHOMA

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: \_\_\_\_\_