



MISSISSIPPI DEPARTMENT OF CORRECTIONS CORRECTIONAL OFFICER APPLICATION

CORRECTIONAL OFFICER TRAINEE ONLY

For all other MDOC positions apply on the Mississippi State Personnel Board.

Return Completed Application to: mdocrecruitment@mdoc.state.ms.us

Once your application is received you will receive an email/phone call scheduling the date and time for your interview.

Select an institution listed below where you prefer to work.

___ MS State Penitentiary
Parchman, MS

___ Central MS Correctional Facility
Pearl, MS

___ South MS Correctional Institution
Leakesville, MS

JOB INFORMATION

| | |
|------------------------|--------------|
| POSITION TITLE: | DATE: |
|------------------------|--------------|

PERSONAL INFORMATION

| | | |
|-----------------|----------------|---------------|
| First Name | Middle Initial | Last Name |
| Mailing Address | | |
| City | State | Zip |
| Home Phone | Cell Phone | Email Address |

EMPLOYMENT STATUS

Are you a Current State Employee () Yes () No _____
Agency Name

Are you a current State of MS Retiree () Yes () No Retirement Date, if yes: _____

Agency Name Last Position Title

EDUCATION

| Name & Location of School | Did you Graduate? | Enter Month/Year |
|---------------------------|-------------------|--------------------------|
| | () Yes () No | Dates Attended: |
| | | Highest Level Completed: |
| | () Yes () No | Dates Attended: |
| | | Highest Level Completed: |
| | () Yes () No | Dates Attended: |
| | | Highest Level Completed: |

SUPPLEMENTAL QUESTIONS

- 1. Are you 19 years of age or older? () Yes () No
- 2. Do you possess a valid driver's license from Mississippi or a contiguous state? () Yes () No

WORK HISTORY

| | | |
|--------------------------|--|--|
| Employer | | Position Title: |
| Address | | Dates of Employment From: To: |
| Job Duties/Skills | | |
| Employer | | Position Title: |
| Address | | Dates of Employment From: To: |
| Job Duties/Skills | | |

MDOC is an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, color, age, sex, religion, handicap or national origin.

Signature _____

Date _____

Created 1/21/2021



MISSISSIPPI DEPARTMENT OF CORRECTIONS APPLICANT RELEASE OF INFORMATION

To Whom It May Concern:

The Mississippi Department of Corrections will conduct a background investigation to verify information that you have provided in conjunction with your application for employment. ****This information will be used every five years to conduct a criminal background review.**** In order to conduct the investigation, the following information is required.

Social Security #: _____ Date of Birth: _____ Race: _____ Sex: _____

Driver's License Number: _____ State Issued: _____

Current Address: _____
Street Apt # City
State Zip Code

Have you ever been arrested and/or convicted of a crime?

Yes _____ No _____ If yes: Date: _____

Charge: _____ City: _____ State: _____

Have you ever been associated with a street gang? Yes No If yes, what gang? _____

Do you have any tattoos on your body? Yes No If yes, what does it stand for? _____

In order that the investigation can be completed, I hereby authorize the Mississippi Department of Corrections and any of its authorized employees to receive and collect information from any previous employer, law enforcement agency, educational institution, or persons named by me as references.

Applicant (Print) Name Applicant Signature Date

TO BE COMPLETED BY CORRECTIONAL OFFICER APPLICANTS ONLY

Job Location Availability: Select a 1st, 2nd, and 3rd choice of any county and an institution listed below where you prefer to work.

Forrest Harrison Hinds Leflore Madison Noxubee Pascagoula Pike Quitman Rankin Wilkinson
____ Central MS Correctional Facility (CMCF) ____ Mississippi State Penitentiary (MSP) ____ South MS Correctional Institution (SMCI)

NOTE: Your application will be processed by your selection preference according to the job availability.