



**JOB HISTORY** (List the last 3 employers or last 5 years of employment, starting with the most recent).

Title of Position: List Month/Year	Name, Address & Telephone Number of Employer	Salary	List Description of Job Duties/Skills	Reason for Leaving
Position:  From: To:				
Position:  From: To:				
Position:  From: To:				

**REFERENCES** (List below 3 persons, not related to you, whom you have known at least one year).

Name	Address	Phone Number	Years Known
1.			
2.			
3.			

We are 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 \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

Qualified Position(s) \_\_\_\_\_ Department/Division Referred \_\_\_\_\_

Applicant's skills/abilities \_\_\_\_\_ Supervisor \_\_\_\_\_

**Computer Software Skills**

- Word
- Excel
- Power point
- Other \_\_\_\_\_

Personnel Staff \_\_\_\_\_

Date \_\_\_\_\_



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.