## CHOCTAW COUNTY SHERIFF DEPARTMENT

**Employment Application** Applicant Information Full Name: \_\_\_\_ Date: \_\_\_\_\_ First M.I. Last Address: Street Address Mailing address (if different) City State Zip Code Phone: E-mail: Date of Birth: \_\_\_/\_\_\_\_ SSN: \_\_\_\_\_\_\_ Drivers Lic. No.\_\_\_\_\_ Position Applied for: \_\_\_\_\_\_ Desired rate of pay: \$\_\_\_\_\_ Are you a U. S. citizen? пYes ПΝο Have you ever worked for this agency? □ Yes □No ☐ Yes Have you ever been arrested? □No If yes when? Have you ever been convicted of a felony?□ Yes □No If yes explain. Education High School: \_\_\_\_\_\_Address: \_\_\_\_\_ From: \_\_\_\_\_\_To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ College: Address: From: \_\_\_\_\_ To: \_\_\_\_ Did you graduate? \_\_\_\_\_ Other: \_\_\_\_\_\_ Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_ Did you graduate? \_\_\_\_\_

	Previous Employment	
Company:	Phone: ( )	
Address:	Supervisor:	
Job Title:	Starting Salary: \$ Ending Salary: \$	
From: To:	Reason for leaving:	
	supervisor for a reference? □ Yes □ No	
Company:	Phone: ( )	S14-0
Address:	Supervisor:	
	Starting Salary: \$ Ending Salary: \$	
From: To:	Reason for leaving:	
May we contact your previous sup	pervisor for a reference?   Yes   No	
	Military Service  From: To:	
•	Type of Discharge:	
	References	
Name:	Relationship:	
Address:	Phone: ( )	
	Relationship:	
Address:	Phone: ( )	