



## MISSISSIPPI DEPARTMENT OF CORRECTIONS APPLICATION FOR CONTRACTUAL EMPLOYMENT

Return Completed Application to:  
Personnel Services Division  
633 N. State Street  
Jackson, MS 39202

*PLEASE PRINT OR TYPE*

### PERSONAL INFORMATION

DATE:

Name \_\_\_\_\_  
Last First Middle Social Security Number

Sex \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Month and Date of Birth

Mailing Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
Home Cell Address

MS Retiree: ☐ Yes ☐ No Retirement Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Position: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date available \_\_\_\_\_

Are you currently employed? ☐ Yes ☐ No If yes, may we contact your employer? ☐ Yes ☐ No

Have you ever applied or worked for this company? ☐ Yes ☐ No Where? \_\_\_\_\_ When? \_\_\_\_\_

### EDUCATION (List your educational background below).

Type of School	Name & Location of School	Did you Graduate? Enter Month/Year	Area of Studies
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No From: To:	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No From: To:	
Trade, Business or Correspondence		<input type="checkbox"/> Yes <input type="checkbox"/> No From: To:	

**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 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> 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.

03-14-F1

Revised: 08/07/2019