

# Mississippi County Sheriff's Department

## Application for Reserve Deputy

**Instructions:** Fill out this application completely and accurately. All information contained in this application is subject to verification. Use complete given names as it appears on your birth certificate.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Nicknames or Aliases: \_\_\_\_\_

Present Physical Address: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

DL Number \_\_\_\_\_ Place of Birth \_\_\_\_\_

*\*please provide copies of driver's license and birth certificate*

U.S. Citizen:  Yes  No

Have you ever been arrested for or convicted of an offense other than a traffic citation? If so, give a brief explanation.

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Have you ever been discharged or released from your employment? If so, give a brief explanation.

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Present Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

How long employed? \_\_\_\_\_ May we contact them?  Yes  No

List the names of all clubs or civic organizations in which you are a member of or are associated with.

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Have you ever been in the Military? If so, what branch? \_\_\_\_\_

Enlistment Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Education: High School GED Other

*\*Please provide high school diploma or GED.*

Do you drink intoxicating beverages? \_\_\_\_\_ If so, how often? Seldom Socially

Moderate Average

List any Physical Disabilities that you may have that would keep you from performing the duties of a law enforcement officer.

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

List the names, addresses, and phone numbers of five persons, other than relatives that can provide us with background information on your character, personality, and ability.

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

Briefly explain your reasons for applying for this position.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Comments by Officer Performing Background Investigations:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments by Application Review Committee:

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

Approved Disapproved

Signature: \_\_\_\_\_

Date: \_\_\_\_\_