



HARRISON COUNTY SHERIFF DEPARTMENT HORSE PATROL APPLICATION



Applicant Name _____

Address _____
Last First MI
Street/Apt # City State Zip

Phone Number Home _____ - _____ - _____ Work _____ - _____ - _____

E-Mail _____ SSN _____ - _____ - _____ D.O.B. ____/____/____

DRIVER'S LICENSE INFORMATION, STATE/NO# _____

EXPIRATION DATE ____/____/____ IS THIS CURRENT LICENSE VALID? ___YES ___NO

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY CHARGE? IF YES, EXPLAIN WHERE, WHEN AND DISPOSITION OF THE CASE AS AN ATTACHMENT

PLACE OF EMPLOYMENT _____

Address _____
Street/Apt # City State Zip

DUTIES PERFORMED _____

DO YOU HAVE FIRST AID TRAINING (WHAT LEVEL): _____

HORSES NAME: _____

AGE OF HORSE _____ GENDER OF HORSE _____

BREED OF HORSE _____ ANY MARKINGS _____

DO YOU HAVE ANY HORSE PATROL EXPERIENCE: IF YES EXPLAIN. _____

HOW LONG HAVE YOU BEEN RIDING? PLEASE LIST ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE US TO KNOW. _____



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HAVE YOU AND YOUR HORSE BEEN EXPOSED TO RIDING IN A CROWDED ENVIRONMENT? (i.e.,
parades, horse shows, fairs, trail rides, etc. _____

IF YOU HAVE ANY RESTRICTIONS, EXPLAIN: _____

IF THE HORSE HAS ANY RESTRICTIONS OR BAD HABITS, EXPLAIN? _____

WHAT MADE YOU WANT TO JOIN THE HARRISON COUNTY HORSE PATROL? _____

ATTACH PICTURE OF HORSE BELOW:



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Authorization for Release of Criminal Arrest Record

I, _____, respectfully request and authorize you to furnish the Harrison County Sheriff's Department any and all information that you may have concerning me including arrests, my work record, my reputation, my financial and credit status. Please include any and all medical, physical, and mental records or reports, including all information of a confidential or privileged nature, and photocopies of same if requested. This information is to be used to assist the Department in determining my qualifications and fitness for the position I am seeking with the Harrison County Sheriff's Department.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above. *NOTE THIS FORM WILL BE RETAINED FOR NCIC/IDACS PURPOSES.

Position Applying for: _____

Ethnicity: _____

Date: _____

Signature: _____

DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY

Requester (printed): _____

Signature of Requester: _____