

HARRISON COUNTY SHERIFF'S DEPARTMENT



**HARRISON COUNTY
SHERIFF'S DEPARTMENT**

An Equal Opportunity Employer

EMPLOYMENT APPLICATION AND PRE-EMPLOYMENT QUESTIONNAIRE

HARRISON COUNTY SHERIFF'S DEPARTMENT INFORMATION SHEET

I. COMPLETING YOUR APPLICATION

- A. THE APPLICATION SHOULD BE COMPLETE AND ACCURATE BEFORE SIGNING. INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED. Any misrepresentations, falsifications, or material omissions in any form may result in the County's exclusion of the individual from further consideration for employment. Such misrepresentation, falsification, or material omission may result in termination even after the applicant is hired.
- B. YOUR SOCIAL SECURITY NUMBER MUST BE INCLUDED for record control purposes. Federal law requires that all employed persons have a Social Security Number.
- C. To receive APPROPRIATE CREDIT, include a copy of your diploma, transcript, certificate, or license as directed on the application.

II. MINIMUM OR SELECTION REQUIREMENTS

- A. YOUR APPLICATION WILL BE ACCEPTED ONLY IF IT CLEARLY SHOWS YOU MEET THE REQUIREMENTS. The information you provide will determine your eligibility and is subject to verification at any time.
- B. If applying for a police officer position, you must be at least 21 years of age by completion of the Indiana Law Enforcement Academy (ILEA). The Federal Age Discrimination in Employment Act (ADEA) of 1967, as amended, prohibits discrimination on the basis of age for any individual over age 40.

III. EQUAL EMPLOYMENT OPPORTUNITY/NON-DISCRIMINATION POLICY

- A. It is the policy of the Harrison County Government to provide equal opportunity in employment to all employees and applicants for employment and to prohibit discrimination in employment because of race, religion, color, sex, age, national origin, disability, military status, or any other classification protected under applicable law. This policy applies to all terms, conditions, and privileges of employment, including, but not limited to, hiring, promotion, transfer, compensation, benefits, layoff, recall, employee facilities, discharge and retirement.
- B. It is the policy of the Harrison County Government not to discriminate against a qualified individual with a disability in: job, application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training and other terms, conditions and privileges of employment. It is the intent of this county to comply with all applicable requirements of the Americans with Disabilities Act (ADA).

IV. AUTHORIZED ALIEN STATUS AND CITIZENSHIP

- A. All new hires must cooperate with the County in its compliance with the Immigration Reform and Control Act of 1986 and in verifying employment eligibility. New employees shall complete an I-9 form and show proof of identity and employment eligibility within the first three (3) days of employment. Employees who refuse to or are unable to supply the documentation necessary to prove that they are American citizens or aliens authorized to work in this country will be terminated. If a person is not able to perform the essential functions of a job, even with reasonable accommodations, then the person is not qualified for the position. The County will reasonably accommodate persons with a disability.

V. RECORD OF CONVICTIONS

- A. A full disclosure of all convictions is required. Failure to disclose convictions will result in disqualification. Not all convictions constitute an automatic bar to employment. Factors such as your age at that time of the offense(s), and the recency of offense(s), will be taken into account, as well as the relationship between the offense(s) and the job(s) for which you apply. ANY CONVICTIONS OR COURT RECORDS WHICH ARE EXEMPTED BY A VALID COURT ORDER DO NOT HAVE TO BE INCLUDED.

*Placement of an employment application with the County does not mean that the applicant will be interviewed. Equal consideration will be given to all applicants based on qualifications listed for the job.

*Applications will be retained in active files for six (6) months or for the duration of applicant recruitment lists when used.

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The following voluntary information is requested for the County of Harrison County to evaluate its hiring practices required by law for the State and Federal Government. This form will be detached from the employment application. This information will be confidential and will NOT be used to make a decision about your employment.

A. Please mark the group that best describes your race/ethnicity:

1. _____ White
2. _____ Black/African American (Not of Hispanic Origin)
3. _____ Hispanic/Latino (Mexican, Puerto Rico, Cuban, Central or South American, or Spanish culture or origin)
4. _____ American Indian (subject to verification)
5. _____ Asian or Pacific Islander (excluding Filipino)
6. _____ Filipino

B. Gender

1. _____ Male
2. _____ Female

C. Disabled _____ A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for or oneself or working; (2) has a record or history of such impairment or medical condition; (3) is regarded as having such an impairment or medical condition.

Date of Birth: _____ Name: _____



Authorization for Release of Criminal Records, Employment Records and Personal Information

Printed Full Name (Last, First, Middle): _____

Driver's License Number: _____ State: _____

Date of Birth: _____ Social Security #: _____

I, _____, respectfully request and authorize you to furnish the Harrison County Sheriff's Department with any and all information that you may have concerning me including arrests, my work record, personnel record, including any disciplinary actions, 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 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

Requestor (printed): _____

Signature of Requestor: _____

Full Name (Last, First, Middle):

Position Applying for:

Date Available:

Date Completed:

The following may be used to complete a polygraph examination, should the position you are applying for require it. Be complete, honest and specific in your responses. If you need to complete these questions, attach your answers to this questionnaire. All dates are to be recorded in month, day, year format.

Contact Information		
Name of Applicant (Last, first, Middle Initial):		
Nicknames or Aliases:		
Address:		
Home Phone: ()	Cell: ()	Alternate: ()
Primary Email:	Secondary Email:	
Personal Data		

Date of Birth:

Age:

SS#:

Are you a United States Citizen? Yes: No:

If you are not a U.S. Citizen, have you applied for citizenship? Yes: No:

Race: Height: Weight: Marital Status:

Hair Color: Eye Color: Gender:

Driver's License #: _____ Driver's License State: _____ Exp. Date: _____

Please provide a photograph of yourself and a copy of your driver's license in the spaces below:

Photograph
Copy of Driver's License

Education

You will be required to furnish transcripts, diplomas, or other proofs to support all your educational claims.

High School:

GED? Yes: No:

Year of Graduation:

Address:

Telephone Number:

Current/Most Recent College:

Address:

Telephone Number:

Highest Degree Earned:

Overall Grade Point Average:

If no degree was earned, please give the total number of credit hours earned. If you attended another college or university prior to earning you final degree, enter the information below.

College or University #2 Name:

Address:

Telephone Number:

Highest Degree Earned:

Overall Grade Point Average:

Dates Attended (Month/Year):

If no degree was earned, please give the total number of credit hours earned.

*Use back page to furnish any additional education claims

Trade, Vocational, or Technical School Information

Most Recent/Current School Attended:

Dates Attended (Month/Year):

Address:

Telephone Number:

Type of Certification or Degree Earned:

School #2 Name:

Most Recent/Current School Attended:

Dates Attended (Month/Year):

Address:

Telephone Number:

Type of Certification or Degree Earned:

School #3 Name:

Most Recent/Current School Attended:

Dates Attended (Month/Year):

Address:

Telephone Number:

Type of Certification or Degree Earned:

Prior Law Enforcement History

Most Recent Police Academy Attended:

Address:

Dates Attended (month/year):

Telephone Number:

Department/Agency (if applicable):

Police Academy #2 – Name:

Address:

Dates Attended (month/year):

Telephone Number:

Department/Agency (if applicable):

Police Application History:

Have you ever applied to any other law enforcement agency? Yes: No:

If yes, list EVERY agency with which you applied, starting with the most recent.

Name of Agency:

Address:

Telephone Number:

Date Applied:

Background Investigator's Name (if known):

Check each step in the process you completed, and your current status:

Steps:

Application	Written Test	Physical Agility	Oral Interview	Polygraph
Background	Chief's or Board Oral Interview	Medical		

Status:

Hired On List Withdrawn Disqualified

If not selected for the position, please explain why you were not selected or withdrew from the process.

Name of Agency:

Address:

Telephone Number:

Date Applied:

Background Investigator's Name (if known):

Check each step in the process you completed, and your current status:

Steps:

Application Written Test Physical Agility Oral Interview Polygraph

Background Chief's or Board Oral Interview Medical

Status:

Hired On List Withdrawn Disqualified

If not selected for the position, please explain why you were not selected or withdrew from the process.

Name of Agency:

Address:

Telephone Number:

Date Applied:

Background Investigator's Name (if known):

Check each step in the process you completed, and your current status:

Steps:

Application Written Test Physical Agility Oral Interview Polygraph

Background Chief's or Board Oral Interview Medical

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Address:

Telephone Number:

Date Applied:

Background Investigator's Name (if known):

Check each step in the process you completed, and your current status:

Steps:

Application Written Test Physical Agility Oral Interview Polygraph

Background Chief's or Board Oral Interview Medical

Status:

Hired On List Withdrawn Disqualified

If not selected for the position, please explain why you were not selected or withdrew from the process.

Academic Information

Have you ever been subject to academic discipline, suspension, or expulsion from any high school, college/university, business, trade school, or police academy? Yes: No:

If yes, please explain the circumstances of the incident:

Please list any organization, social and/or educational, that you have taken part in while in any school:

Please list any organized sport you have played at any school and the years you took part in these sports. Please include the name of the school involved:

Military Service

Have you ever served in a military organization? Yes: No:

Current Military Branch:

Highest Rank Held:

Last M.O.S.:

Type of Discharge:

Dates of Service by year: From: To:

Supervisor's Name and Phone Number:

Past Military Branch:

Highest Rank Held:

Last M.O.S.:

Type of Discharge:

Dates of Service by year: From: To:

Supervisor's Name and Phone Number:

List all Military Awards you have received.

List all certifications you have received in the military:

List any discipline you received while in the military and the outcome of that discipline:

If you transferred from one branch of the military to another, state your reason for the transfer:

Selective Service

If you are a **male** born after 1960, Federal Law requires you to have registered with the Selective Service. If you do **NOT** have a Selective Service number, you are in violation and your application cannot be processed. To locate your Selective Service Registration Number, go to <http://www.sss.gov/>.

Selective Service Number:

Date of Registration:

Employment

List all employment from current or most recent employer to your first employer

Company Name:

Address:

Supervisor:

Title:

Phone Number:

Last Position Held:

Dates of Employment (month/year): From:

To:

Reason for Separation (if applicable):

Laid Off: Resigned: Fired: Other (explain below):

Please explain your position at this employer and what you did on a daily basis:

Please explain any issues at this employer regarding your involvement in sexual harassment, inappropriate actions, any disciplinary actions, theft, poor attendance or reason for being fired or laid off:

Company Name:

Address:

Supervisor:

Title:

Phone Number:

Last Position Held:

Dates of Employment (month/year): From:

To:

Reason for Separation (if applicable):

Laid Off: Resigned: Fired: Other (explain below):

Please explain your position at this employer and what you did on a daily basis:

Please explain any issues at this employer regarding your involvement in sexual harassment, inappropriate actions, any disciplinary actions, theft, poor attendance or reason for being fired or laid off:

Company Name:

Address:

Supervisor:

Title:

Phone Number:

Last Position Held:

Dates of Employment (month/year): From:

To:

Reason for Separation (if applicable):

Laid Off: Resigned: Fired: Other (explain below):

Please explain your position at this employer and what you did on a daily basis:

Please explain any issues at this employer regarding your involvement in sexual harassment, inappropriate actions, any disciplinary actions, theft, poor attendance or reason for being fired or laid off:

Company Name:

Address:

Supervisor:

Title:

Phone Number:

Last Position Held:

Dates of Employment (month/year): From: To:

Reason for Separation (if applicable):

Laid Off: Resigned: Fired: Other (explain below):

Please explain your position at this employer and what you did on a daily basis:

Please explain any issues at this employer regarding your involvement in sexual harassment, inappropriate actions, any disciplinary actions, theft, poor attendance or reason for being fired or laid off:

Company Name:

Address:

Supervisor:

Title:

Phone Number:

Last Position Held:

Dates of Employment (month/year): From: To:

Reason for Separation (if applicable):

Laid Off: Resigned: Fired: Other (explain below):

Please explain your position at this employer and what you did on a daily basis:

Please explain any issues at this employer regarding your involvement in sexual harassment, inappropriate actions, any disciplinary actions, theft, poor attendance or reason for being fired or laid off:

Have you ever quit a job without proper notice: Yes: No:

If yes, please explain:

Have you ever resigned in lieu of termination or believed that termination was imminent:

Yes: No:

If yes, explain:

Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?

Yes: No:

If yes, explain:

Were you ever the subject of a written complaint at work? Yes: No:

If yes, please explain:

Have you ever been counseled at work because of lateness or absences? Yes: No:

If yes, please explain.

Have you ever received an unsatisfactory performance review? Yes: No:

If yes, please explain:

Have you ever sold, released, or given away confidential information? Yes: No:

If yes, please explain:

Have you ever called in sick to work when you were neither sick nor caring for a sick family member?

Yes: No:

If yes, how many sick days have you used in the past five years which were not due to illness?

Please explain:

In the past three years, have you missed work or been late to work due to drug or alcohol consumption?

Yes: No:

If yes, please explain:

Has your work performance ever been affected by your use of alcohol or drugs?

Yes: No:

In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes: No:

Financial Information

For each of the following questions, please fill in the amounts to the nearest dollar:

From your employer, what is your take-home pay? Per Month: _____

Do you have income from a source other than salary or wages? Yes: No:

If so, list the source and amount below.

Funding Source: Per Month: _____

Funding Source: Per Month: _____

Have you ever filed for or declared bankruptcy? (Chapter 7, 11, or 13) Yes: No:

Have any of your bills ever been turned over to a collection agency? Yes: No:

Have you purchased goods that were later repossessed? Yes: No:

Have your wages ever been garnished? Yes: No:

Have you ever been delinquent in paying any type of tax? Yes: No:

Have you ever failed to file or cheated/lie on an income tax form? Yes: No:

Have you ever had an employment bond refused? Yes: No:

Have you ever avoided paying any lawful debt by moving away? Yes: No:

Have you ever failed to pay back a loan? Yes: No:

Have you ever borrowed money to pay for a gambling debt? Yes: No:

Have you ever spent money for illegal purposes (drugs & etc.)? Yes: No:

Have you ever failed to make or been late on court ordered payments such as child support, restitution, or alimony: Yes: No:

Have you ever written three or more bad checks in a one-year period? Yes: No:

If you answered yes to any of the foregoing financial information questions, please explain in detail the circumstances surrounding the incident below.

2nd Previous Residence

Address:

Home Telephone Number (if applicable): ()

Time at this address: From (month/year): To:

Rent/Own:

3rd Previous Residence

Address:

Home Telephone Number (if applicable): ()

Time at this address: From (month/year): To:

Rent/Own:

4th Previous Residence

Address:

Home Telephone Number (if applicable): ()

Time at this address: From (month/year): To:

Rent/Own:

5th Previous Residence

Address:

Home Telephone Number (if applicable): ()

Time at this address: From (month/year): To:

Rent/Own:

Have you ever been evicted or asked to leave a residence? Yes: No:

Have you ever left a residence owing rent? Yes: No:

If yes to either question, please explain:

Traffic Violations

List all citations issued for traffic violations. (This includes out of state citations):

Violation	Date	State	Disposition

List all states which have issued you a Driver's License:

State	Driver's License Number

Has your Driver's License ever been suspended in any state for any reason?

Yes: No:

If yes, please explain:

List any vehicle accident in which you were at fault:

Date	Location	Brief Description

Alcohol Use/History

Have you operated a motor vehicle while intoxicated in the past 24 months (2 years)?

Yes: No:

If yes, list how many times and explain the circumstances of each incident:

Have you been intoxicated in public in the last 24 months (2 years)?

Yes: No:

If yes, list how many times and explain the circumstances of each incident:

When was the last time you were intoxicated and why?

Have you ever been arrested or received a citation for an alcohol related offense?

Yes: No:

If yes, explain the nature of the arrest/citation, including the date, place and circumstance of the offense and the final outcome:

Arrest History

Have you ever been arrested? Yes: No:

If yes, please provide the following information:

Date	Location (include state)	Offense	Disposition

Did any of the above offenses involve domestic violence?

Yes: No:

If yes, please explain the circumstances of the charge, including the victim's identity and that person's relationship to you at the time of the offense.

Have you ever had an emergency protective order or a domestic violence related protective order filed against you? Yes: No:

If yes, please explain the circumstances under which the order was filed, the date of the order and the outcome of the case(s):

Illegal Drug History

Please complete the following table. Remember, the drugs referred to here are those considered illegal. If you were prescribed any of the following drugs then you are not required to list them. Drugs prescribed by a physician are illegal if you obtained them illegally, that is, purchased them from someplace other than a pharmacy or used them when they were prescribed to another individual.

Drug Used	Date of First Use	Date of Last Use	Maximum Times Used	How Drugs Were Used	Number of Times Purchased
Marijuana					
Hashish					
PCP					
Angel Dust					
Amphetamines					
LSD					
Peyote					
Mescaline					
Heroin					
Cocaine					
Quaaludes					
Downers					
Tranquilizers					
Percocet					
Hydrocodone					
Ecstasy/XTC					
Darvocet					
Dilaudid					
Ketamine					
Speed					
Inhalants					
Methamphetamine					
Psilocybin/Psilocin (Psychedelic Mushrooms)					
Xanax					
Adderall					
Oxycodone					
Ambien/Lunesta					

Have you ever sold or transferred illicit drugs or prescription drugs prescribed to another person?

Yes: No:

Type of Drug	Amount Sold (total)	Date	Number of times	Dollar Value at Time of Sale

If you have taken any of the drugs above, or sold any drugs at any time, including drugs sold or ingested that were prescribed for another, please explain the circumstances that led to this behavior.

Please provide any additional information regarding your previous or current drug use that you believe would be important for this agency to know.

Please list below any prior polygraph examinations that you have taken.

Date	Location	Reason for Examination	Name of Examiner or Agency

7. Have you ever taken part in any act of entering or remaining on the property of another, knowing that you did not have permission of the owner?

8. Have you ever taken part in any act involving the use of a firearm, knife, club or other deadly weapon or the use of physical force, threats, or intimidation in order to steal cash or property, or with the intent of committing another criminal act?

9. Have you ever taken part in any act involving hurting, harming or attempting to injure another person using a firearm, knife, club or any other deadly weapon?

10. After the age of eighteen, have you ever entered into any sex act with another person who was less than fourteen years of age at the time of the act?

11. Have you ever exposed your anus or genitals in public to sexually arouse or gratify another person?

12. Have you ever filed a false police report?

13. Have you ever taken part in the theft of any vehicle or, without the owner's permission, used any vehicle?

14. Have you ever unlawfully possessed an explosive device, sawed off shotgun or rifle, machine gun, armor piercing ammunition or silencer?

15. Have you ever carried a firearm that was illegal to possess, a switchblade knife or any other illegal weapon?

16. Do you have any debts to anyone as a result of an act of gambling?

17. Other than traffic infractions, have you ever been involved in or participated in any activity, which resulted in a police investigation, arrest and/or incarceration? This includes any instance where charges were filed or warrants issued.

18. Have you ever taken part in any act involving illegal gambling? This includes but is not limited to placing a wager or bet to a bookmaker by phone or by hand on the results of any sport or receiving winnings from a slot or video poker machine.

19. Have you ever taken or kept a child under the age of eighteen out of the state in which the child resides in violation of a court order or judgement regarding custody or residence of that child?

20. Have you ever caused, planned, or started a fire or an explosion to damage or destroy a building, habitation or vehicle belonging to you or another person which was insured?

21. Have you ever committed acts of cruelty to any creature or animal that resulted in harm, injury or death?

22. Have you ever been involved in the telling of a lie, falsehood, or misrepresentation while under oath or on a sworn statement?

23. Have you ever been involved in resisting arrest or interfering with any police officer in the performance of that officer's duty?

24. Have you ever been a part of any sexual act including, but not limited to, intercourse, oral or anal sodomy or any sexual contact with another person in exchange for cash or property of any value (including anyplace where prostitution is legal)?

25. Have you ever fled from the police by foot, vehicle, or by any means to avoid arrest, detention or questioning?

26. Have you ever been a part of any act involving forgery or counterfeiting of any document, writing, signature, money, license, contract, credit card receipt, security agreement, will, deed, or any deed of trust with the intent to defraud or harm the person or business?

27. Have you ever bribed or attempted to bribe any government official or employee?

28. Have you ever been a part of impersonating a police officer, peace officer, or any member of a law enforcement agency or other government agency?

29. Have you ever taken part in any action which forced a person, either by threat of force or actual violence, to engage in prostitution or been paid money or anything of value to procure prostitution for another?

30. Have you ever been involved in credit card fraud or theft? This includes using the card without the permission of the owner of the card, using a fictitious card or number, manufacturing or selling credit cards, illicitly buying or presenting a credit card to obtain goods or service or using a credit card in any way to commit a crime?

31. Have you ever broken into a coin operated device with the intent to steal cash, property, merchandise or to obtain services?

32. Have you ever broken into or entered into a vehicle of any kind with the intent to steal cash, property or merchandise?

33. Have you ever been involved in any type of breaching or disturbing the peace? This includes, but is not limited to, the use of profane, vulgar or abusive language to incite a crowd, fighting or threatening another person in a public place or looking into a window or opening in a building for lewd purposes.

34. Have you been involved in, whether alone or as a participant, in a group/organization which seeks to further murder, arson, robbery, burglary, theft, kidnapping, assault, forgery, gambling, prostitution, the distribution of drugs, promotion or distribution of obscene material or any other criminal act?

35. Have you been involved in any act of breaking into a building, habitation or any portion of a habitation or building with the intent to steal cash, property or merchandise or with the intent of committing another criminal act?

36. Have you ever unlawfully deprived an individual of property, cash, or merchandise through appropriation, theft, theft by false pretense, theft from a person, swindling, passing a worthless check, embezzlement or extortion?

37. Have you been involved in the production, sale, distribution, promotion or possession with the intent to sell any picture, magazine, film, video or any item that depicts any sexual act? This includes any form of copulation, masturbation, excretory functions, sadism, masochism or bestiality.

38. Have you ever taken part in any sexual acts, after you were twenty-one years of age, with a person who was less than sixteen years of age at the time of the act?

39. Have you ever assaulted another person by striking them with the intent to hurt that person? This includes any act of domestic violence.

40. Have you ever been involved in any incestuous act of knowingly inflicting sexual contact or sexual penetration on a close family member? This includes, but is not limited to, sexual intercourse or anal intercourse with a natural child, stepchild or child by adoption; natural grandchild, step-grandchild, or grandchild by adoption; sister or half-sister, brother or half-brother, niece or nephew.

41. Have you ever made annoying or obscene telephone calls?

42. Have you committed any act that, if it were to be made known, would bring dishonor to you or the Harrison County Sheriff's Department?

43. Have you ever been refused a permit to carry a concealed weapon?

44. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability?

45. Have you ever taken a prescription pain medication meant for another person or obtained prescription medication illegally?

Please use this space to give an explanation regarding any other criminal activity or questionable activity in which you may have been involved.

Honesty and Countermeasures Certification

I do hereby certify that all the statements made in this employment and pre-polygraph questionnaire are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false information, misstatement, or omission of a material fact may disqualify me from further consideration with regards to the Harrison County Sheriff's Department Selection Process. I further understand that any of the foregoing information provided by me may be subject to investigation and any false information, misstatement, or omission of a material fact may subject me to future dismissal from the Harrison County Sheriff's Department. I also understand my use of countermeasures with the intent to disguise my answers or otherwise change the outcome of the polygraph examination will result in my dismissal from the Harrison County Sheriff's Department Selection Process.

Signature: _____

Date: _____

Printed Name: _____

Use This Space for Any Further Explanations to the Questions in this Questionnaire.