



OFFICE OF THE HINDS COUNTY DISTRICT ATTORNEY  
JODY E. OWENS, II

**Office Runner Application**

**Personal Information**

Name:

First

M.I.

Last

Address:

Phone:

Email:

School:

Expected Graduation:

The following information is optional and in no way affects your employment opportunities. This information is in compliance with the U.S. Equal Employment Opportunity Commission and will only be used for statistical purposes:

Gender:  Female  Male  Non-binary/non-conforming  Transgender  Prefer not to respond

Racial or Ethnic Classification:

- White  Black or African American  American Indian or Alaska Native  Asian
- Native Hawaiian or Other Pacific Islander  Hispanic or Latino
- Other: \_\_\_\_\_

List the days and hours you will be available to work between the hours of 8:00AM – 5:00PM.

Day	Start	End
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		



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Answer all questions completely and carefully. Attach additional sheets in order to give complete and detailed information, if necessary. The Hinds County District Attorney's Office is an equal opportunity employer. It is the policy of The Hinds County Office of The District Attorney that applicants for employment are recruited, selected, and hired on the basis of individual merit and ability, with respect to the position to be filled. Applicants are recruited, selected, and hired without discrimination of race, color, creed, religion, ancestry, national origin, age, sex (including gender identity, sexual orientation and pregnancy), genetic information, citizenship, military service, marital status, parental status and disability. Furthermore, personnel procedures and practices with regard to training, transfer, compensation, demotion, layoff or termination are to be administered with due regard to job performance, experience and qualification, but without discrimination.

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Have you previously applied, interviewed or worked in any capacity within the office? Yes  No   
If yes, please provide details and attach a separate sheet if necessary.

Explain why you are interested in employment with The Hinds County District Attorney's Office:



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**Background**

Background checks of all applicants will be conducted prior to any offer being extended.

**Driver's License Information**

Do you possess a valid driver's license?  Yes  No State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a vehicle?  Yes  No

Do you have vehicle Insurance?  Yes  No  
Insurance Carrier :

Have you ever had your driving privileges suspended, revoked or canceled in any state?  
 Yes  No

Please explain if you checked "yes."

Was your license reinstated?  Yes  No

If yes, when was it reinstated? \_\_\_\_\_

**Traffic Information**

List all traffic convictions for traffic violations for the past 5 years and provide details.

Approximate Date	Citation	Disposition



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**Criminal Information**

The following information is voluntary. Background checks will be completed on all applicants invited to interview. Please note if you choose to complete the criminal information portion and answer yes to any questions below, you must provide comprehensive details and attach a separate sheet if necessary. Failure to provide details may result in removal from consideration. Misrepresentation or omission of facts represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.

Have you ever been convicted of a crime or are you now under charges for any offense against the law? You may omit: (1) any charges that were dismissed or resulted in acquittal; (2) any conviction that has been set aside, vacated, annulled, expunged, or sealed; (3) any offense that was finally adjudicated in a juvenile court or juvenile delinquency proceeding; and (4) any charges that resulted only in a conviction of a noncriminal offense. All felony and misdemeanor convictions and all convictions in state and federal courts are criminal convictions and must be disclosed, including domestic violence offenses.

Yes  No  if yes, please provide further details below that include the arrest date and location, all crimes charged, any associated case numbers, any plea agreement or trial information, any resulting sentence and the disposition of the case.

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Date of Incident

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Police Agency

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Crime/s Charged

Trial Plea Dismissal

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Case Number

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Disposition of Case

Description of Events:



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Date of Incident

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Police Agency

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Crime/s Charged  
 Trial Plea Dismissal

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Case Number

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Disposition of Case

Description of Events:

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Date of Incident

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Police Agency

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Crime/s Charged  
 Trial Plea Dismissal

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Case Number

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Disposition of Case

Description of Events:



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**Release Form**

Please read the following carefully before signing it as it contains terms and conditions that affect your application and potential employment.

1. **VERIFICATION:** I verify that all information I have provided both orally and in documentary form in connection with my application for a position with The Hinds County District Attorney's Office is true and accurate. I understand that any false or misleading information I furnish in connection with my application for employment may cause my application to be rejected, any contingent offer of employment to be rescinded, or if already employed immediate termination, regardless of when discovered.
2. **AUTHORIZATION and RELEASE:** I authorize The Hinds County District Attorney's Office to conduct a complete and thorough investigation of my qualifications for employment including a security check. I release any and all persons and parties connected with any investigation from any and all claims or damages arising from the furnishing of information. I further understand that my offer of employment and actual employment is contingent upon satisfactory results of such investigations. I further agree to provide my date of birth and social security number for the sole purpose of conducting background checks.
3. **EMPLOYMENT-AT-WILL:** I understand and agree that my employment is terminable at will. Both The Hinds County District Attorney's Office and I remain free to end our work relationship at any time and for any reason. Further, I understand that nothing in any policies, manuals or similar documents creates an expressed or implied contract of employment.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE