

# Mississippi Bonding Company

2531 Old Brandon Rd. Pearl, MS 39208-4604

601-948-2245 • 888-948-2245

FAX 601-353-3295

## APPLICATION FOR BAIL AGENT

(Please type or print)

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Bus. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Ever in Bail Bonding Business before? \_\_\_\_\_

If so, when and how long? \_\_\_\_\_ License #: \_\_\_\_\_

Ever convicted of any criminal offense? \_\_\_\_\_ If so when and where? \_\_\_\_\_

### FORMER EMPLOYERS

(List below last four employers, starting with the last one first)

EMPLOYER	ADDRESS	POSITION	DATES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE: \_\_\_\_\_ BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_

DISCHARGE: \_\_\_\_\_ DATE: \_\_\_\_\_

(CONTINUED ON OTHER SIDE)

**EDUCATION**

**High School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Last year attended:** \_\_\_\_\_ **Did you graduate?** \_\_\_\_\_

**College:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Last year attended:** \_\_\_\_\_ **Did you graduate?** \_\_\_\_\_

**Trade, Business or Other School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Last year attended:** \_\_\_\_\_ **Did you graduate?** \_\_\_\_\_

\*\*\*\*\*

**PLEASE SUBMIT THE NAME, COMPLETE ADDRESS AND PHONE NUMBER  
OF THREE REFERENCES:**

**1) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**2) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**3) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\*\*\*\*\*

In connection with my application for bail bond agent, I understand that investigative inquiries are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by **Russell Newman d/b/a Mississippi Bonding Company** to furnish such information.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal and may result in criminal charges being brought against me.

**PLEASE SIGN AND RETURN THIS AUTHORIZATION:**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_