

Mississippi Bonding Company
413 South President St. # 111 Jackson, MS 39201-5006
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: _____

Home Phone: _____ Work Phone: _____

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: _____

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? _____

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(Continued)

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 Paul 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: _____