



STEPHENS COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

NOTICE TO ALL APPLICANTS

It is the policy of the Stephens County Sheriff's Office that all applicants meet the minimum qualifications of the position applied for. **Please review the minimum qualifications contained within the applicable job description prior to continuing with completion of the Application for Employment packet.**

**ANY APPLICATION THAT DOES NOT MEET
THE MINIMUM REQUIREMENTS WILL
NOT BE CONSIDERED.**

NOTE: All questions contained in the Application for Employment packet must be answered fully and completely. If a question does not apply to you, indicate so by placing an "N/A" in the blank. Failure to complete this application fully and accurately may subject you to disqualification.

Equal Employment Opportunity Employer

Serving our Citizens



BEFORE PROCEEDING:

**ENSURE YOU HAVE INCLUDED THE
FOLLOWING DOCUMENTS:**

- COPY OF BIRTH CERTIFICATE
- COPY OF HIGH SCHOOL DIPLOMA/GED CERTIFICATE
 - MILITARY DD-214 IF APPLICABLE
- ENSURE THAT YOU HAVE COMPLETELY FILLED OUT THE APPLICATION *AND* BACKGROUND QUESTIONNAIRE

**INCOMPLETE APPLICATIONS *WILL NOT* BE
CONSIDERED!**



STEPHENS COUNTY SHERIFF'S OFFICE

70 North Alexander Street, Suite 205

Toccoa, GA 30577

Sheriff's Office: 706-886-2525

Jail: 706-886-0591

APPLICATION FOR EMPLOYMENT

WAIVER AND AUTHORIZATION FOR RELEASE OF INFORMATION

(READ CAREFULLY AND SIGN WHERE INDICATED)

I hereby authorize a review of and full disclosure of all records concerning me to any duly authorized agent of the Stephens County Sheriff's Office, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records including, but not limited to, records of educational institutions, driving history records, GCIC and/or NCIC criminal history records, financial or credit institutions including records of loans, records of commercial or retail credit agencies including credit reports or ratings, and other financial statements and records wherever filed, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and the record and recollections of attorneys or other counsel whether representing me or another party in any case either criminal or civil in which I presently have had an interest.

I understand that any information obtained in a personal history background investigation arising in whole or in part, directly or indirectly, from this waiver and authorization will be considered in determining my suitability for employment with the Stephens County Sheriff's Office.

I certify that any person furnishing information concerning me shall not be held accountable for such information, and I hereby release said person from any and all liability, be it civil or criminal in nature, which may be incurred as a result of furnishing such information. I understand that the 1974 Privacy Act affords me the right to expect certain types of information not to be disseminated by persons who have access to such information. For the purpose of a personal history background investigation to determine my suitability for employment with the Stephens County Sheriff's Office, I hereby waive said rights. I understand that, by my signature below, I am authorizing the Stephens County Sheriff's Office to release any and all information regarding or relating to my employment with the Stephens County Sheriff's Office to future or prospective employers seeking information regarding my employment and/or performance while employed by the Stephens County Sheriff's Office.

A copy of this release form shall be valid as an original thereof even though said photocopy does not bear an original of my signature.

Sworn to me and subscribed before me this
_____ day of _____ 20__.

Notary Public

Full Legal Signature of Applicant
(Including Maiden Name if Applicable)

Address

City State Zip

Telephone Number

Date Of Birth SSN



STEPHENS COUNTY SHERIFF'S OFFICE

70 North Alexander Street, Suite 205

Toccoa, GA 30577

Sheriff's Office: 706-886-2525

Jail: 706-886-0591

APPLICATION FOR EMPLOYMENT

FACTORS FOR DISQUALIFICATION (READ AND SIGN WHERE INDICATED)

An applicant shall be disqualified and not considered for employment if any of the following situations exist:

1. Conviction in any court for any felony offense
2. Conviction in any court for any drug related offense
3. Any pending criminal actions in any court
4. Presently under investigation for any criminal offense by this or any other law enforcement or similar agency
5. Dishonorable discharge from any military service branch
6. Seven or more points accumulated against driving record at time of application
7. Unable, for any reason, to obtain a Georgia driver's license
8. Adverse credit record at time of application
9. Absence of high school graduation or GED certificate
10. Any medical or physical impairment that would prevent applicant from satisfactorily performing the essential functions of the position applied for or complying with standards set by the Georgia peace officers standard and training council
11. Any known association with any group, organization or otherwise whose primary objective is to foster hatred, oppression, or persecution of any individual, group of individuals, or any private or public company or organization
12. Not having attained 18 years of age for Jail Officer or 20 years of age for Deputy Sheriff at the time of application
13. Not a citizen of the United States of America

I certify that I have read the entire contents of this page and fully understand the same. I also certify that, to the best of my knowledge, none of the above situations apply to me. I understand that in the event that I have received an official pardon or other similar action for an alleged crime for which I was convicted, I am not required to reveal that said pardon or action exists. However, if during the course of a background investigation to determine my suitability for employment, facts are revealed concerning said crime, I maybe required to produce proof of said pardon or action if I wish to be considered for employment.

Signature

Witness Signature

SSN

Date

(COMPLETE IN INK ONLY)

STEPHENS COUNTY SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT



STEPHENS COUNTY SHERIFF'S OFFICE
70 NORTH ALEXANDER STREET, SUITE 205
TOCCOA, GA 30577
TEL: (706) 886-2525
www.stephenssheriff.com



PERSONAL INFORMATION

POSITION APPLIED FOR:						
LAST NAME:		FIRST NAME:		M.I.:		
ADDRESS:						
CITY:		STATE:		ZIP:		
SOCIAL SECURITY NUMBER:			DATE OF BIRTH:			
HOME PHONE:			ALTERNATE PHONE:			
EMAIL ADDRESS:						
DRIVER'S LICENSE?		STATE:	DRIVER'S LICENSE #:		LEGALLY ELIGIBLE TO WORK IN THE US?	
YES NO					YES NO	

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 8 9 10 11 12						OR GED: YES NO	
CHECK HIGHEST COLLEGE LEVEL COMPLETED: 1 2 3 4						GRADUATE STUDIES? YES NO	
COLLEGE OR UNIVERSITY	LOCATION	SEM. HOURS EARNED	QTR. HOURS EARNED	DEGREE TYPE AND MAJOR (EG, BA, BS)		DEGREE EARNED?	
						YES NO	
						YES NO	
						YES NO	

CERTIFICATES AND LICENSES

TYPE:	DATE ISSUED:		DATE EXPIRES:		
CERTIFICATE/LICENSE NUMBER:			ISSUING AGENCY:		
TYPE:	DATE ISSUED:		DATE EXPIRES:		
CERTIFICATE/LICENSE NUMBER:			ISSUING AGENCY:		
TYPE:	DATE ISSUED:		DATE EXPIRES:		
CERTIFICATE/LICENSE NUMBER:			ISSUING AGENCY:		
TYPE:	DATE ISSUED:		DATE EXPIRES:		
CERTIFICATE/LICENSE NUMBER:			ISSUING AGENCY:		

WORK HISTORY

Describe your work history **BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB**. Include military, volunteer experience, and periods of unemployment. Failure to give complete information regarding each job held will result in your disqualification. Complete addresses with zip code and phone numbers for all employers are necessary. A resume may be attached only as additional information and will not be accepted in lieu of completing this application.

FROM (MO/YR): TO (MO/YR):	TOTAL (YRS/MOS):	EMPLOYER:
ADDRESS:		JOB TITLE:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? YES NO
HOURS PER WEEK:	SALARY:	FULL TIME PART TIME
DUTIES:		
REASON FOR LEAVING:		
FROM (MO/YR): TO (MO/YR):	TOTAL (YRS/MOS):	EMPLOYER:
ADDRESS:		JOB TITLE:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? YES NO
HOURS PER WEEK:	SALARY:	FULL TIME PART TIME
DUTIES:		
REASON FOR LEAVING:		
FROM (MO/YR): TO (MO/YR):	TOTAL (YRS/MOS):	EMPLOYER:
ADDRESS:		JOB TITLE:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? YES NO
HOURS PER WEEK:	SALARY:	FULL TIME PART TIME
DUTIES:		
REASON FOR LEAVING:		
FROM (MO/YR): TO (MO/YR):	TOTAL (YRS/MOS):	EMPLOYER:
ADDRESS:		JOB TITLE:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? YES NO
HOURS PER WEEK:	SALARY:	FILL TIME PART TIME
DUTIES:		
REASON FOR LEAVING:		

SKILLS

OFFICE/COMPUTER SKILLS:

OTHER SKILLS:

LANGUAGES:

ADDITIONAL INFORMATION

If you require special accommodations for testing, interviewing, or any portion of the application or employment process, please contact the Stephens County Sheriff's Office Training Unit at (706) 886-0591 ext. 314. Any request for special accommodation should be made, if at all possible, at the time your appointment is scheduled. If any accommodation is requested, the applicant must provide verification from an appropriate professional.

SIGNATURE

CERTIFICATION: I certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false answers may be grounds for not employing me or for dismissing me after I begin work. I understand that I will have to produce documentation verifying identity and employment eligibility in the United States. I understand that I may be required to verify any and all information given in this application. I understand that this completed application is the property of the Stephens County Sheriff's Office, and will not be returned. The Sheriff's Office is hereby authorized to make any investigation of personal, educational, and work history. I understand that I must notify the Training Unit of the Stephens County Sheriff's Office of any changes in my name, address, or phone number. I understand that the information I have provided on this application may be subject to public disclosure under the Georgia Open Records Act.

Signature of Applicant (sign in ink):

Date Signed:

--

AGENCY-WIDE SUPPLEMENTAL QUESTIONS

1. Are you currently employed by the Stephens County government?	YES	NO
2. If so, in what department do you work at this time?		
3. Have you previously been employed by the Stephens County government?	YES	NO
4. If so, when and where?		
5. Give name, relationship, and department of any relatives who are employed by the Stephens County government.		
6. Would you accept temporary work?	YES	NO
7. Would you accept shift work?	YES	NO
8. Would you accept part-time work?	YES	NO
9. Would you accept weekend/holiday work?	YES	NO
10. Are you 18 years old or older?	YES	NO
11. Are you a citizen of the United States?	YES	NO
12. Do you have a valid commercial driver's license (CDL)?	YES	NO
13. If so, what is your CDL classification?		
14. Have you received any traffic citations in the past three years?	YES	NO
15. If yes, please indicate types of offenses and dates.		
16. Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor?	YES	NO
17. If yes, please describe the circumstances.		
18. Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony?	YES	NO
19. If yes, please describe the circumstances.		
20. Have you ever been suspended, dismissed, or asked to resign from any job?	YES	NO
21. If yes, please explain in detail.		

