

STEPHENS COUNTY SHERIFF'S OFFICE
Background Check Questionnaire

70 N. Alexander Street, Suite 205
Toccoa, GA 30577
Phone # 706-886-2525

Note: Stephens County Government and the Stephens County Sheriff's Office are equal employment opportunity employers. The personal data requested below is used only to create an applicant database and is not used as a screening tool.

Personal Data

First Name	Middle Initial	Last Name
Social Security #	Race	Sex
Home Telephone	Work Telephone	Other Telephone
E-Mail		

Protective Services Applicant:

Stephens County Sheriff's Office maintains strict hiring guidelines that all applicants must satisfactorily meet or surpass in order to be considered for positions within the Sheriff's Office.

The following questions address several of the areas covered in the hiring guidelines. Your responses will be verified during the background investigation process. Completed and honest responses are required. Any negative information contained within the information provided in the questionnaire will be evaluated to determine compliance with the Sheriff's Office hiring guidelines. Any false or misleading information identified during the background investigation process will result in the immediate disqualification of your employment application. Therefore, it is imperative that you answer all of these questions truthfully and to the best of your ability.

1. If applying for a sworn law enforcement position you must be at least 20 years of age. Are you at least 20 years of age? (Sworn position is Deputy Sheriff) Yes No
2. Are you a citizen of the United States of America? This is a requirement for the Sworn positions. (Deputy Sheriff) Yes No
3. Did you graduate from High School or do you have a G.E.D.? (This is a requirement) Yes No
4. Have you ever applied for a position with Stephens County? Yes No
If yes, please provide position applied for and the year you made the application.

5. List All traffic citations received within the past ten years.

Date	Charge	Location	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. In the past ten years, have you been involved, as a driver, in a motor vehicle accident?
Yes No

If yes, please provide the following information:

Date of Accident	Type of Accident	Citation Issued	Driver at Fault
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Do you presently hold a valid driver's license? Yes No

If no, explain.

State Where License Is Held : _____ Class: _____ Expiration Date: _____

Driver's License Number: _____

9. Has your driver's license ever been suspended and/or revoked for any reason? Yes No

If yes, please provide

Date of suspension: _____

Reason Suspended: _____

Date Reinstated: _____

10. Have you ever been convicted of or pled nolo to D.U.I.? Yes No

If yes, please explain. Provide date, location, and disposition of the case.

11. Have you ever been convicted or pled nolo to a Misdemeanor offense? Yes No

If yes, please provide date, charge, location and actual disposition of the case.

12. Have you ever been convicted or pled nolo to a felony offense? Yes No

If yes, please provide date, charge, location and actual disposition of the case.

13. Please list five persons, not related to you, that can provide a personal character reference.

Name	Address	Telephone #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Please list five persons not related to you that can provide a professional character reference.

Name	Address	Telephone #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Have you ever enlisted or attempted to enlist in the military? Yes No
If yes, which branch?

Number of years served. _____ Type of discharge. _____

16. While serving in the military, were you ever the subject of any court martial, Article 15, company punishment or disciplinary action? Yes No
If yes please explain.

17. Have you ever been suspended, terminated or forced to resign from any place of employment? Yes No
If yes, please provide employer's name and reason for termination/forced resignation.

18. Have you ever been disciplined for any reason by your present or any past employer? Yes No
If yes please explain.

19. Do you have any commitments that would not allow you to work on various shifts, weekends, holidays or other periods? Yes No
If yes please explain. _____

20. If you had to place a dollar amount on the property that you have taken throughout your lifetime, what would that amount be? This amount should also include any theft from an employer, including but not limited to pens, paper, other office supplies. \$ _____
If yes, please describe the items taken.

21. Over the past three years, how would you describe your credit standing?

22. In the past ten years, have you used an illegal drug, to include but not limited to, marijuana, cocaine, heroin, angel dust/PCP, LSD/acid or other hallucinogenic, crack opium, quaaludes, speed, crank, mushrooms/peyote, ecstasy/MDMA, Ice, hashish, steroids, crystal, methadone, morphine, valium, etc? Yes No

If yes, please explain:

Drug Used	Date First Used	Date Last Used	Number of Times
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

23. Have you ever been involved in the SALE, DISTRIBUTION, OR MANUFACTURE of any illegal drugs? Yes No
If yes please explain.

24. In the past ten years, have you consumed any drugs prescribed for another person?
Yes No
If yes, please explain- providing name or type of drug(s), dates, number times taken.

25. Have you ever consumed any alcoholic beverages or used any type of illegal drugs while working? Yes No
If yes please explain. _____

29. At this time are you under subpoena or involved in any criminal or civil litigation, either as a plaintiff or defendant? Yes No
If yes please explain.

30. Are you currently serving probation for any offense? Yes No
If yes please explain.

31. Are you currently under investigation by the Georgia Peace Officer Standards and Training Council (P.O.S.T.) and/or the Georgia Bureau of Investigation (G.B.I.)?
Yes No
If yes, please explain:

32. Have you ever been investigated by P.O.S.T. or the G.B.I.? Yes No
If yes, please include the date, disposition, a letter from P.O.S.T. saying that you have been cleared and are in good standing with the council, and explain the circumstances:

33. Over a period of time the duties and responsibilities of a position will tend to change. This may arise from technological changes, or changes in Sheriff's Office procedural guidelines. Are you willing to accept changes in the duties and responsibilities for the position which you have applied? Yes No

34. Have you been completely honest with us when completing your application for employment and this questionnaire? Yes No
If no, please explain:_____

SIGNATURE OF APPLICANT

DATE SIGNED

Answering "yes" to any of the aforementioned questions will not necessarily result in your disqualification from the hiring process. Any intentional omissions or dishonesty in any documents submitted as part of your application or any other part of the hiring process will be cause for immediate disqualification from further consideration.

*****CERTIFICATION*****

I hereby certify that the statements made and dates provided within this application for employment with the Stephens County Sheriff's Office are true, accurate, and complete to the best of my knowledge and belief. I authorize investigation of all statements and information contained within this application for employment, and I understand that any misrepresentation or omission of facts, however slight, will be sufficient cause for denial of employment, or if employed, for subsequent dismissal.

Print Name: _____

Signature: _____

Date: _____