

TOWNS COUNTY SHERIFF'S OFFICE  
4070 A Highway 339  
Young Harris, GA 30582  
706/896-4444

Dear Applicant,

I am pleased that you have decided to apply for employment with the Towns County Sheriff's Office. Should you be selected for employment, you will find that the employees of the agency are highly motivated, career orientated, competent men and women with high ethical standards, who provide the entire range of law enforcement services to the community.

Therefore, we have established very high standards for our employees. It is the policy of this agency to hire only the best-qualified individuals for full and part-time positions. Our employee selections process is thorough and regimented. It affords equal opportunity to everyone regardless of race, creed, color, gender, national origin, age or disability. All eligible applicants will be afforded the same opportunity for employment selection. Accordingly, should you be disabled, you may request any reasonable accommodation in order to further participate in the application process by contacting my office.

To be considered for employment, applicants must meet the following minimum qualifications: Applicants must be a least 21 years of age for Deputy Sheriff, 18 years of age for Detention Officer or 18 years of age for civilian positions, possess a high school diploma or GED, possess a valid drivers license, honorable discharge (if prior military), and have no adverse driving record nor felony convictions.

The hiring process includes but is not limited to the following: Passing an intensive background investigation, polygraph examination, oral interview and following a conditional job offer, medical examination and drug screen. The entire selection process takes approximately 30 days from the date background questionnaire is returned to my office.

It is essential that you follow all directions provided. The application process requires you to provide much detailed information about yourself. Because we are a public safety organization, we must have accurate and extensive information upon which to base our employment decisions so that we can properly serve the citizens of Towns County. Should you have any questions, please contact my office.

Sincerely,

Sheriff Chris Clinton

OFFICE OF THE SHERIFF  
Towns County, Georgia

STATEMENT OF HIRING PRACTICES

1. It is the policy of the Towns County Sheriff's Office to hire the best-qualified individuals by using a selection process that measures each applicant's traits and characteristics in a manner that is related to the job applied for.
2. The agency will practice a regimented and thorough selection process while simultaneously affording equal opportunity to everyone regardless of race, creed, color, gender, national origin, or age. The agency does not discriminate against people with disabilities and affords them the same opportunity for employment selection provided to all citizens. Where possible, the agency provides reasonable accommodation to the known disabilities of qualified people.
3. The agency relies upon the accuracy of information contained in the employment application and other data obtained throughout the selection process. Any misrepresentations, falsification, or material omissions of this information may result in the exclusion of the applicant from further consideration for employment or, if the individual has been hired, termination of his/her employment.

The minimum employment qualifications for all applicants are:

1. Be at least 21 years of age (deputy applicants) or 18 years of age (non-sworn applicants) when the employment application is submitted;
2. Be a citizen of the United States (or legally qualified to work in the United States as of the date employment commences);
3. Be a high school graduate or its equivalent;
4. Possess an Honorable Discharge (if prior military service);
5. Possess a valid drivers license (deputy applicants only);
6. Be able to perform the essential job functions for the position applied for;
7. Successfully pass an oral hiring board interview;
8. Successfully pass an extensive background investigation, which includes a check of school records, credit history, prior employment history, and drivers history; inquiries into character and reputation through interviews of references and previous work/school association; and a fingerprint-based criminal records check.
9. Complete a polygraph examination;
10. Successfully pass drug screening test; and
11. Successfully pass a medical examination and psychological evaluation.

## SPECIAL INSTRUCTIONS

The medical examination and drug test shall only be administered if a conditional offer of employment is made.

### APPLICANT RESPONSIBILITIES:

1. Obtain and complete an application for employment, Towns County Sheriff's Office and submit all requested documentation, to the Transition Team Coordinator. Applications should be returned in a timely manner.
2. Satisfy all minimum hiring selection requirements such as being present for all scheduled employment tests, interviews, and examinations.
3. Furnish additional documentation when requested to verify or dispel information developed during the selection process.
4. Become familiar with all elements of the employee selection process as provided in the Application for Employment.
5. Request a reasonable accommodation if needed in order to comply with the agency's hiring process.

EMPLOYMENT APPLICATION WILL BE ACCEPTED AT ANY TIME WHETHER OR NOT A JOB VACANCY EXISTS OR IS ANTICIPATED.

Job vacancies will be publicly announced throughout the local media and other appropriate means to insure widespread notification and generate further applications.

### RE-APPLICATION:

Applicants who are rejected for any reasons will not be reconsidered for employment with the Towns County Sheriff's Office.

### LATERAL ENTRY:

1. Georgia POST certified peace officer must satisfy the hiring criteria established above.
2. If accepted for employment, the individual will not have to attend the Basic Mandate Course and will be assigned duties as directed by the Sheriff.

### PROBATION:

1. All newly hired employees shall be considered on probation for 12 months from the date of employment.
2. Probationary employees will receive all legally mandated benefits (i.e. workers compensation and Social Security) and any additional benefits provided by Towns County. It should be noted that employees are not subject to the jurisdiction of any employment practices of Towns County Government except those allowed by the Sheriff.
3. During the probationary period, the applicant will be evaluated by his/her immediate supervisor and, when necessary, provided with initial and remedial training for the position hired for.
4. Applicants should exhibit acceptable standards of behavior and demonstrate the potential to properly perform their assigned duties in order to be retained for permanent employment with the agency. Probationary employees are expected to:

- 1) Satisfactorily complete any required training
- 2) Receive satisfactory or higher ratings in all categories on the performance evaluation; and
- 3) Demonstrate conduct and behavior that are considered acceptable.

UNACCEPTABLE BEHAVIOR INCLUDES, BUT IS NOT LIMITED TO conduct that damages the reputation of the agency or the community's perception of the integrity of the agency; involvement in any unlawful activities; any substantiated information that the applicant falsified or any way provided misleading information during the initial hiring process; any substantial information that the applicant lied, stole, or was deceitful while performing his/her employment duties; or frequent tardiness or unjustified absences, insubordination, negligence in performing assigned duties, or the commission of a felony or violent misdemeanor.

SELECTION PROCEDURES: A variety of methods are used to evaluate and select applicants whom are most qualified for employment with the agency. The various means used are collectively designed to identify those who: are of high character and integrity; have the required job-related skills, knowledge, and abilities for the position applied for, can perform the essential job functions of the position; and possess the needed mental and physical characteristics to perform successfully. Each of the elements of the selection process will be administered, scored, evaluated, and interpreted in a uniform manner.

THE SELECTION PROCESS CONSISTS OF THE FOLLOWING ELEMENTS AND ACTIVITIES:

1. EMPLOYMENT APPLICATION REVIEW: Upon receipt of the Towns County Sheriff's Office Application for Employment, the Sheriff's Office will;
  - a) Review all applications for completeness and insure applicants satisfy the minimum employment eligibility criteria.
  - b) Return incomplete application or those failing to satisfy the eligibility criteria to the applicant.
2. INITIAL BACKGROUND SCREENING: The Sheriff's office will initiate a preliminary background screening involving:
  - a) Criminal records check;
  - b) Drivers' history check;
  - c) Credit history check;
  - d) Military criminal records check (for veteran applicants); and
  - e) Verification of GA POST certification when applicable.
3. POLYGRAPH EXAMINATION:
  - a) All full-time applicants who successfully pass their respective background investigation will be required to take a polygraph examination. Prior to the examination, applicants will be provided the questions to be asked during the examination.

- b) Polygrapher's from the Georgia Bureau of Investigations or other sources of the agency's choosing will administer all polygraph examinations.
4. FINAL BACKGROUND INVESTIGATION: The Sheriff's Office will conduct an in-depth background investigation on each applicant who is referred for further employment processing. The investigation will consist of:
- a) Fingerprint-based criminal records check;
  - b) Verification of at least three personal references;
  - c) Interviews with previous employers, work associated, neighbors, and/or school officials covering at least the past five years.
  - d) Verification of any qualifying credentials such as diplomas, school attendance records, peace officer training records, letters of commendation or recommendation, etc; and
  - e) Appropriate follow-up activities to questionable information previously developed or obtained from the polygraph examination to verify or dispel any indicators that may cause suspicion of an applicant's qualifications, veracity, or reputation.
5. HIRING BOARD INTERVIEW: The purpose of the Hiring Board is to determine which applicant(s) should be recommended to the Sheriff for an offer of conditional employment. The Hiring Board will consist of at least three members and will be chaired by an individual of the Sheriff. The duties of the Hiring Board are to:
- a) Review all materials and information obtained during the hiring process, which are related to each applicant.
  - b) Conduct a structured and graded interview with each applicant involving questions related to the position applied for and to an applicant's past history, and any additional questions designed to clarify information developed during the hiring process.
  - c) Analyze all available information and make determination whether:
    - 1) A conditional employment offer should be made;
    - 2) Additional background information is required before a conditional employment offer can be made; or
    - 3) An applicant is ineligible for employment.
6. CONDITIONAL JOB OFFER: Applicants who are recommended by the Hiring Board for a conditional job offer must pass a medical examination, which will be conducted by a licensed medical doctor of the agency's choosing.
7. DRUG SCREENING TEST/MEDICAL EXAMINATION: Full-time applicants who are recommended for a conditional job offer by the Hiring Board will be required to take a drug-screening test administered by a licensed medical doctor of the agency's choosing. Additionally, following the acceptance of a conditional offer of employment, an applicant will be required to pass a medical examination to be conducted by a licensed medical doctor of the agency's choosing. The purposes of these examinations are to:

- a) Certify the general health of each candidate, and;
- b) Determine whether the applicant poses a direct safety threat to the general public, co-workers, and/or the prisoner population in the ADC as described below.

A conditional job offer may be withdrawn if an applicant poses a direct safety threat to the general public, coworkers, and/or the prisoner population in the ADC. Such determination will be based upon factual medical evidence that the applicant poses a significant risk of substantial harm to other or to him/her self. Such medical conditions include, but are not limited to the following:

- a) The applicant is a carrier of a highly contagious and/or potentially life -threatening disease such as Hepatitis B, Pulmonary Tuberculosis, Human Immunodeficiency Virus (HIV) or other uncommon or rare disease as identified by the Centers for Disease Control; or
  - b) The applicant may unexpectedly lose consciousness because of uncontrollable reaction to medication (i.e. hypoglycemic reaction to insulin) thus causing an automobile or other type of serious accident.
8. **REASONABLE ACCOMMODATION REQUESTS:** Any job applicant has the right under the Americans With Disabilities Act (ADA) to request that a reasonable accommodation be made in order for a disabled applicant to perform the essential job functions of the job. In order to be considered, such a request must:
- a) Be submitted in writing by the applicant within five working days following notification of a conditional job offer or following notification of a withdrawal of a conditional job offer because of a medical condition;
  - b) Contain appropriate medical documentation that verifies the applicant's status as an individual with a disability and his/her functional limitations;
  - c) Identify the specific job functions requiring accommodation; and
  - d) Propose the specific accommodations that the agency should make in order for the applicant to be hired.
9. **EVALUATION OF ACCOMMODATION REQUESTS:** Only requests from individuals who are disabled as defined by the ADA will be evaluated. In order to properly determine if an applicant is in fact disabled, the agency may request additional medical documentation to be provided at the applicant's expense in order to verify the request or better understand the limitation. When considering an accommodation request from a disabled applicant, the following procedures will apply:
- a) The accommodation review will be performed by the Division Commander who would supervise the applicant should she/he be hired. This review may be performed in consultation with other appropriate member of the agency.
  - b) Only the position for which the applicant is applying will be considered in the accommodation review.
  - c) The agency is not required to provide the accommodation that is preferred by the applicant; rather the accommodation must be sufficient to meet job related needs and

enable the applicant to perform at the level of the average similarly-situated individual that is hired as outlined in appropriate EEOC guidelines.

- d) If a disabled individual refuses an agency proposed accommodation that enables him/her to perform the essential job functions, s/he is no longer qualified for the job.
- e) The reviewing Division Commander will provide a written response to the applicant that will either approve the accommodation request, explain why the request is denied, or propose another accommodation.

#### 10. PROBATIONARY HIRING DETERMINATION:

- a) Once all applicable elements of the hiring process have been completed, the Hiring Board will assemble all test, examination, and background investigation results concerning the applicants recommended for employment.
- b) The presence of one or more of the following factors, regardless of when discovered, will cause an applicant to be ineligible for further employment consideration:
  - 1) Evidence of deceptiveness, lying or the submission of any misleading information by the applicant;
  - 2) Information showing the applicant does not satisfy the minimum employment qualifications.
  - 3) Information that the applicant cannot perform the essential job functions with an accommodation for the position applying for;
  - 4) Conviction of a felony, forcible misdemeanor, or act of family violence;
  - 5) Failure to pass the drug-screening test;
  - 6) Evidence of marijuana use within the past 36 months, Schedule II drug use within the past 5 years, or drug distribution;
  - 7) Evidence that the applicant poses a direct safety threat to the general public to other agency employees, or to the prisoner population because of a serious medical condition; and/or
  - 8) Any conviction or nolo contendere plea for DUI within the past five (5) years and/or multiple traffic violations that endangered the lives or safety of others within the past 36 months to include "at fault" traffic accidents.
- c) A combination of the following factors will cause an applicant to be ineligible:
  - 1) An unfavorable recommendation from previous employers and/or work associates that cannot be reasonably rebutted by the applicant;
  - 2) Failure to pass the polygraph examination;
  - 3) An unfavorable credit rating that cannot be reasonably rebutted;
  - 4) An unfavorable assessment made by the Hiring Board;

- 5) Or any corroborated information that otherwise puts into question an applicant's integrity, character, or reputation.
- d) The Sheriff's Office will notify in writing any applicant determined to be ineligible for employment and whether s/he can apply for reconsideration as outlined in paragraph four above.

## 11. RESPONSIBILITIES

- a) Overall staff supervision for the implementation of the agency's hiring procedures for entry-level applicants.
- b) Provide all prospective applicants with an employment application, to include:
  - 1) The job description with essential job functions;
  - 2) A description of the entire selection process, the expected duration of the selection process, and the agency's policy on re-application, retesting, and re-evaluation of applicants not selected.
- c) Establish and publicize employment application periods;
- d) Review all employment application for completeness and thoroughness and notify in writing those applicants who are required to submit additional documentation or who fail to satisfy the minimum employment qualifications;
- e) Return any employment application received prior to or following an application period;
- f) Make reasonable accommodations for those applicants who may be disabled and who requests such accommodations in order that they may comply with subsequent selection procedures;
- g) Notify applicants who successfully pass selection requirements;
- h) Notify applicants in writing who fail to successfully pass the physical agility test and inform them of the conditions and procedures for re-application;
- i) Schedule a Hiring board interview for all qualified applicants;
- i) Contact those applicants who are to be presented with a conditional employment offer;
- k) Assemble all available information on each applicant for the Sheriff or his/her designee's final review;
- l) Notify all applicants in writing who are determined to be ineligible for employment within 30 days following such determination;
- m) Secure all unused testing materials and dispose of unneeded materials by shredding to prevent the disclosure of test information.
- n) Conduct a background investigation in accordance with acceptable professional practices;



- o) For those applicants who are recommended for a conditional offer of employment, schedule the following:
  - 1) Drug screening test;
  - 2) Physical examination; and
- p) Immediately notify the Sheriff or his/her designee if any information is discovered that may indicate an applicant's character, integrity, or reputation is questionable;
- q) Maintain a confidential and secure background information file on each applicant, to include the results of all interviews, history checks, and polygraph examinations.
  - 1) Background information is releasable to the public pursuant to OCGA 50-18-70.
  - 2) Background information on applicants hired by the agency will be retained for 20 years following termination.
  - 3) Background information on applicants not hired by the agency will be retained for six months following the "no hire" decision.

## 12. HIRING BOARD

- a) Conducts graded and structured interview of those applicants who successfully pass physical agility test in accordance with the procedures at Annex A;
- b) Identifies the best qualified applicants and recommends to the Sheriff or his/her designee who should be presented with a conditional job offer of employment;
- c) Identifies which applicants should not be presented with a conditional job offer of employment;
- d) The Sheriff or his/her designee will determine which applicants should be presented with a conditional employment offer and subsequently hired on a probationary basis.

## 13. RECORDS

- a) All records associated with the hiring process are the property of the agency.
- b) Confidential background information will be maintained by the Office of the Sheriff in a secure location.
  - 1) Information on applicants hired by the agency will be placed in the individuals personnel file.
  - 2) Information on applicants not hired will be filed separately and retained for one year following the final "no-hire" decision.
  - 3) Medical and psychological records on hired and not hired individuals must be kept separate from other applicant files.
  - 4) Except for personal background information and medical and psychological records, all applicant information is releasable to the general public under OCGA 50-18-70.

# APPLICATION FOR EMPLOYMENT

## Equal Opportunity Employer

The Towns County Sheriff's Office does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.

Position: Deputy  Detention Officer  Civilian  Other  Date: \_\_\_\_\_  
Please print or type. Use black ink.

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Social Security No.: \_\_\_\_\_

List any alias names used i.e. maiden names, nicknames, etc.  
\_\_\_\_\_

Present Address:  
\_\_\_\_\_

County of Residence: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth: \_\_\_\_\_

Home Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Business Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Pager: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_

Are you willing to work shift work (nights, holidays, weekends, etc.)?  Yes  No

Do you object to wearing a uniform?  Yes  No

Date available for employment: \_\_\_\_\_

For statistical purposes only (not required): Race: \_\_\_\_\_ Sex: \_\_\_\_\_

### EDUCATION

Are you a high school graduate?  Yes  No  
If no, circle highest grade completed: 5 6 7 8 9 10 11 12  
If not a high school graduate, do you have a GED?  Yes  No  
Date Completed: \_\_\_\_\_

School	Name and location of school (address) and dates attended	Degree Earned	Completed
High School			9 10 11 12
Business/ Technical School			1 2 3 4
College			1 2 3 4
Graduate School			1 2 3 4

## GENERAL INFORMATION

Have you ever been employed by or applied with the Towns County Sheriff's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes when?	Department/Office	
How did you learn of this opening?		Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to anyone currently employed by the Towns county Sheriff's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relatives Name	Relationship	Department/Office
In accordance with the Immigration reform Act of 1986 proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.			
Have you ever been convicted of, or plead guilty or nolo to a felony or misdemeanor, other than a minor traffic violation? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No                 </div> If yes, please attach a written statement that answers what, when, the specific circumstances surrounding the event as well as the outcome.			
Active Military Service (list date, serial or service number for all active service) N/A <input type="checkbox"/>			
From _____ to _____ Serial or Service Number _____ Branch of Service: _____			
Discharge type:			
Are you now or have you ever been an inactive member of any branch of the U.S. Reserve Forces or National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of branch?			
Have you ever used marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever possessed, sold, manufactured, used or delivered illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever illegally possessed, sold, manufactured, used or delivered legal prescription medication? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes to either of the above statements concerning drug use, answer the following questions: Used: <input type="checkbox"/> Possessed: <input type="checkbox"/> Sold: <input type="checkbox"/> Manufactured: <input type="checkbox"/> Delivered: <input type="checkbox"/> Type of Drug(s):			
Date(s) used, possessed, sold, manufactured, delivered:			
Number of times used, possessed, sold, manufactured, or delivered:			
Are you a graduate of a police mandate school or academy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, location:			

### DRIVING HISTORY

Do you have a valid Driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which State?	Driver's License Number:	Date of Expiration.
Have you ever been licensed to drive in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which state(s). <span style="float: right;">Operator's License Number:</span>			
Have you incurred any traffic charges within the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="text-align: center;"><b>Do not include parking tickets.</b></p> If yes, give date(s) and type of charges:			
I hereby authorize the Department of Public Safety of Georgia, or any other authorized agency to which this authorization may be presented, to release to the Towns County Sheriff's Office an abstract of my driving record for use in processing my employment application. Signature _____ Date _____			
<b><i>No faxed applications will be accepted</i></b>			

### PERSONAL REFERENCES

Please list five (5) personal references. These are people you have known for at least four (4) years, which are *not* former employers, relatives, or people with whom you are living.

Name	Address
Occupation	Phone Work <span style="float: right;">Home</span>
Name	Address
Occupation	Phone Work <span style="float: right;">Home</span>
Name	Address
Occupation	Phone Work <span style="float: right;">Home</span>
Name	Address
Occupation	Phone Work <span style="float: right;">Home</span>
Name	Address
Occupation	Phone Work <span style="float: right;">Home</span>

### SKILLS AND TRAINING

List any special skills/training you have, that would be beneficial to this agency.



**APPLICANT'S STATEMENT/CONSENT WAIVER**

I certify that I have read and understand all questions and instructions in this application, and that my answers are true and complete. I understand that this application is **not an offer of or a contract for employment.**

I understand that any untrue statement in this application may result in my dismissal at any time during my employment with the Towns county Sheriff's Office. I understand that any intentional false statement will result in my disqualification of my application and/or prosecution for the offense of False Swearing (Ga. Code Section 16-10-71) punishable by a maximum fine of \$1000 plus imprisonment for not less than one, nor more than five years or both. I further understand that any erroneous answer given by me during any part of the application process, whether intentional or not, will constitute a basis for my elimination from consideration for the employment I now seek. I understand that if I do not wish to answer a question in the process, I may choose not to do so and application will be terminated.

I hereby authorize the Towns County Sheriff's Office to receive any Criminal/Driver's History Record information, pertaining to me which may be in the files of any State or Local Jurisdiction. I also respectfully request and authorize all information that there may be concerning my employment record, my educational record, my reputation and my financial/ credit status be released to the Towns County sheriff's Office. I request that all records pertaining to my military service, to include undeleted DD214 forms be released to the Towns County Sheriff's Office. You may include all information of a confidential or privileged nature and any photocopies or facsimile of the same, if required.

This information will be used to assist the Towns County Sheriff's Office in determining my qualification and fitness for the position I am seeking with this agency. I hereby release you, you organization and/or others from liability, which may result from furnishing the information I have requested above. A PHOTOCOPY of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand resumes, letters of reference, etc., submitted with the application become property of the Towns County Sheriff's Office and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

By signing this application, I hereby acknowledge that I have read, understand, and agree to all provisions outlined herein.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Applicant printed name: \_\_\_\_\_

Applicant Social Security Number: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_

STATE OF GEORGIA COUNTY OF \_\_\_\_\_

Before me appeared, \_\_\_\_\_, who says that he/she executes the above statement of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

## **POLYGRAPH EXAMINATION**

Prior to being employed with the Towns County Sheriff's Office, you will be required to pass an extensive background investigation. Part of this investigation will include a polygraph examination, a criminal background check, driver's history check, employment history check, a references check, verification of diplomas and or certificates, a psychological examination, a medical examination, and interviews of know associates and neighbors.

Following an interview with the background investigators, you will be asked to take a polygraph examination. Polygraph questions may come from any of the following areas of the application:

1. Criminal history;
2. Drug use;
3. Driver's history;
4. Work history;
5. Alcohol use;
6. Gambling;
7. Honesty in filling out the application for employment;
8. Honesty in completing the background investigation's booklet.

The preceding information was provided in compliance with in accordance with CALEA standard 32.2.4





13. LIST ALL ORGANIZATIONS, CLUBS AND ASSOCIATIONS OF WHICH YOU HAVE BEEN A MEMBER, OR WITH WHICH YOU ARE OR HAVE BEEN ASSOCIATED:

NAME	ADDRESS	DATE OF MEMBERSHIP
NAME	ADDRESS	DATE OF MEMBERSHIP
NAME	ADDRESS	DATE OF MEMBERSHIP
NAME	ADDRESS	DATE OF MEMBERSHIP

14. LIST YOUR SPECIAL SKILLS, ABILITIES AND HOBBIES, WHICH MAY BE BENEFICIAL TO THE SHERIFF'S OFFICE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. DO YOU TYPE:  YES  NO

16. PLEASE LIST AS REFERENCES FIVE INDIVIDUALS WHO HAVE KNOWLEDGE OF YOU AND YOUR QUALIFICATIONS, EXCLUDE RELATIVES, FORMER EMPLOYERS AND ROOM MATES:

NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER

17. STATUS:  SINGLE  MARRIED  DIVORCED  SPOUSE DECEASED

PRESENT SPOUSE INFORMATION:

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_ COUNTY OF MARRIAGE: \_\_\_\_\_

SPOUSES OCCUPATION: \_\_\_\_\_ SPOUSES EMPLOYER: \_\_\_\_\_

EX-SPOUSES' NAME(S): \_\_\_\_\_

CAUSE FOR NO LONGER BEING MARRIED: \_\_\_\_\_

18. HAS ANY MEMBER OF YOUR FAMILY BEEN ARRESTED, CONVICTED, OR PLEAD GUILTY TO A FELONY OR MISDEMEANOR CRIME:  YES  NO \* IF YES....

\_\_\_\_\_  
NAME ARRESTING AGENCY DATE DISPOSITION

\_\_\_\_\_  
NAME ARRESTING AGENCY DATE DISPOSITION

\_\_\_\_\_  
NAME ARRESTING AGENCY DATE DISPOSITION

19. PLEASE LIST EVERY CHILD BORN TO YOU, ADOPTED BY YOU, AND ANY STEP CHILDREN SUPPORTED BY YOU:

\_\_\_\_\_  
NAME AGE ADDRESS

\_\_\_\_\_  
NAME AGE ADDRESS

\_\_\_\_\_  
NAME AGE ADDRESS

\_\_\_\_\_  
NAME AGE ADDRESS

20. OCGA 19-13-1 DEFINES FAMILY VIOLENCE AS THE OCCURRENCE OF ONE OR MORE OF THE FOLLOWING ACTS BETWEEN PAST OR PRESENT SPOUSES, PERSONS WHO ARE THE PARENTS OF THE SAME CHILD, PARENTS AND CHILDREN, STEPPARENTS AND STEPCHILDREN, FOSTER CHILDREN AND FOSTER PARENTS, OR OTHER PERSONS LIVING OR FORMERLY LIVING IN THE SAME HOUSEHOLD ANY FELONY OR COMMISSION OF THE OFFENSES OF BATTERY, SIMPLE BATTERY, SIMPLE ASSAULT, ASSAULT, STALKING, CRIMINAL DAMAGE TO PROPERTY, UNLAWFUL RESTRAINT OR CRIMINAL TRESPASS.

HAVE YOU EVER ENGAGED IN AN ACT OF FAMILY VIOLENCE:  YES  NO

HAVE YOU EVER BEEN ACCUSED OF FAMILY VIOLENCE:  YES  NO

HAVE YOU EVER BEEN QUESTIONED BY LAW ENFORCEMENT REGARDING A FAMILY VIOLENCE INCIDENT  YES  NO

HAVE YOU EVER BEEN SERVED WITH A TEMPORARY PROTECTIVE OR RESTRAINING ORDER BY THE COURTS:  YES  NO

21. CIRCLE THE NUMBER OF YEARS COMPLETED IN SCHOOL:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

22. ARE YOU A HIGH SCHOOL GRADUATE:  YES  NO DATE: \_\_\_\_\_

\_\_\_\_\_  
NAME OF HIGH SCHOOL ADDRESS PHONE NUMBER, IF KNOWN

23. LIST ALL TECHNICAL TRAINING SCHOOLS, COLLEGES, ETC THAT YOU HAVE ATTENDED FOLLOWING HIGH SCHOOL, WHETHER COMPLETED OR NOT:

NAME OF SCHOOL	ADDRESS	DATES ATTENDED	DEGREE
NAME OF SCHOOL	ADDRESS	DATES ATTENDED	DEGREE
NAME OF SCHOOL	ADDRESS	DATES ATTENDED	DEGREE
NAME OF SCHOOL	ADDRESS	DATES ATTENDED	DEGREE
NAME OF SCHOOL	ADDRESS	DATES ATTENDED	DEGREE

24. WERE YOU EVER EXPELLED FROM SCHOOL:  YES  NO

25. HAVE YOU EVER ATTENDED MANDATE, OR ANY TYPE OF ACADEMY FOR LAW ENFORCEMENT TRAINING:  YES  NO IF YES:

NAME OF SCHOOL	ADDRESS	DATES ATTENDED	DEGREE
NAME OF SCHOOL	ADDRESS	DATES ATTENDED	DEGREE

26. HAVE YOU EVER WORKED FOR TOWNS COUNTY BEFORE:  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

27. HAVE YOU EVER APPLIED FOR A POSITION WITH TOWNS COUNTY BEFORE:  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

28. ARE YOU NOW, OR HAVE YOU EVER BEEN RELATED TO ANY EMPLOYEE OF TOWNS COUNTY GOVERNMENT:  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

29. ARE YOU NOW, OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER:  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

30. HAVE YOU EVER BEEN REPRIMANDED FOR BEING LATE OR ABSENT:  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

31. HAVE YOU EVER BEEN REPRIMANDED BY A WORK SUPERVISOR:  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

32. HAVE YOU EVER HAD A DISAGREEMENTS WITH PREVIOUS EMPLOYERS CONCERNING JOB DUTIES/WORKING CONDITIONS:  YES  NO

33. WERE YOU EVER FIRED OR PENALIZED BECAUSE OF A MOTOR VEHICLE ACCIDENT BY

AN EMPLOYER:  YES  NO

34. CIRCLE THE NUMBER OF TIMES YOU HAVE EVER BEEN ASKED TO RESIGN OR HAVE BEEN FIRED FROM A JOB IN THE LAST TEN YEARS:

0 1 2 3 4 5 6 7 8 9 10

IF ANY, EXPLAIN: \_\_\_\_\_

35. HAVE YOU HAD EXPERIENCE WITH WORKING VARYING OR ROTATING SHIFTS AT WORK:  YES  NO

36. ARE YOU WILLING TO WORK VARYING OR ROTATING SHIFTS:  YES  NO

37. DO YOU OBJECT TO WEARING A UNIFORM:  YES  NO

38. IF APPLYING FOR A DEPUTY SHERIFF POSITION, AND IT BECAME NECESSARY IN THE PERFORMANCE OF YOUR DUTIES TO TAKE A HUMAN LIFE, WOULD YOU BE RULUCTANT TO DO SO BECAUSE OF RELIGIOUS OR THEIR BELIEFS:  YES  NO

39. PLEASE PROVIDE THE NAMES OF FIVE PERSONS **NOT RELATED TO YOU**, WHO HAVE KNOWN YOU ON A PROFESSIONAL BASIS, SUCH AS EMPLOYERS, TEACHERS, OR FORMER SUPERVISORS. THESE INDIVIDUALS MAY BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES:

NAME ADDRESS OCCUPATION PHONE NUMBER

NAME ADDRESS OCCUPATION PHONE NUMBER

NAME ADDRESS OCCUPATION PHONE NUMBER

NAME ADDRESS OCCUPATION PHONE NUMBER

NAME ADDRESS OCCUPATION PHONE NUMBER

40. LIST ALL PREVIOUS EMPLOYMENT YOU HAVE HAD IN THE PAST TEN YEARS. IF APPLICABLE, INCLUDE MILITARY SERVICE IN THE PROPER TIME SEQUENCE AND TEMPORARY PART TIME JOYBS NOT MATTER HOW LONG YOU WORKED AT THE JOB. INCLUDE ALL LAW ENFORCEMENT, REGARDLESS OF HOW LONG AGO THE SERVICE MAY HAVE BEEN. START WITH THE MOST RECENT EMPLOYER:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_ SALARY: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

YOUR DUTIES: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_ SALARY: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
YOUR DUTIES: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_ SALARY: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
YOUR DUTIES: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_ SALARY: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
YOUR DUTIES: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_ SALARY: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
YOUR DUTIES: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_ SALARY: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
YOUR DUTIES: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

44. DO YOU OWE MONEY TO YOUR PREVIOUS EMPLOYERS OR WORK ASSOCIATES:  
 YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

45. IF PRIOR LAW ENFORCEMENT, ARE YOU BOUND TO A CONTRACT CONCERNING ANY TRAINING YOU MAY HAVE RECEIVED FROM YOUR PREVIOUS EMPLOYER:

YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

46. PLEASE LIST ALL YOUR MONTHLY PAYMENTS, TO INCLUDE HOUSING, UTILITIES, ALL CREDITORS, ETC. USE EXTRA PAPER IF NECESSARY:

NAME OF FIRM	MONTHLY PAYMENT	BALANCE DUE
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NAME OF FIRM	MONTHLY PAYMENT	BALANCE DUE
--------------	-----------------	-------------

NAME OF FIRM	MONTHLY PAYMENT	BALANCE DUE
--------------	-----------------	-------------

NAME OF FIRM	MONTHLY PAYMENT	BALANCE DUE
--------------	-----------------	-------------

NAME OF FIRM	MONTHLY PAYMENT	BALANCE DUE
--------------	-----------------	-------------

NAME OF FIRM	MONTHLY PAYMENT	BALANCE DUE
--------------	-----------------	-------------

NAME OF FIRM	MONTHLY PAYMENT	BALANCE DUE
--------------	-----------------	-------------

NAME OF FIRM	MONTHLY PAYMENT	BALANCE DUE
--------------	-----------------	-------------

47. ARE YOU CURRENTLY DELINQUENT ON ANY PAYMENTS OR DEBTS:  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

48. DO YOU OWN OR ARE YOU BUYING REAL ESTATE:  YES  NO

49. HAVE YOU EVER FILED BANKRUPTCY, CHAPTERS 7, 11 OR 13:  YES  NO

50. WHAT IS YOU TOTAL INDEBTEDNESS (NOT INCLUDING LIVING EXPENSES): \$\_\_\_\_\_

51. HAVE YOUR CREDITORS TREATED YOU FAIRLY:  YES  NO

52. WHAT IS THE APPROXIMATE AMOUNT OF YOUR MONTHLY LIVING EXPENSES: \$\_\_\_\_\_

53. ARE YOU UNDER A COURT ORDER TO MAKE PAYMENTS TO ANY PERSON, ENTITY, CORPORATIONS, ETC:  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

54. DO YOU GAMBLE:  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

55. DO YOU HAVE GAMBLING DEBTS:  YES  NO IF YES, AMOUNT: \$\_\_\_\_\_

56. HAVE YOU EVER SERVED IN ANY BRANCH OF THE UNITED STATES ARMED FORCES, TO INCLUDE THE RESERVES OR NATIONAL GUARD:  YES  NO

BRANCH OF SERVICE: \_\_\_\_\_

HIGHEST RANK HELD: \_\_\_\_\_

MEDALS OR DECORATIONS: \_\_\_\_\_

DISCHARGE TYPE: \_\_\_\_\_ ATTACH A COPY OF DD214

DATE AND LOCATION OF DISCHARGE: \_\_\_\_\_

57. PERIOD OR PERIODS OF MILITARY SERVICE:

FROM TO RANK OR RATING

FROM TO RANK OR RATING

FROM TO RANK OR RATING

58. HAVE YOU EVER RECEIVED ANY TYPE OF DISCIPLINARY ACTION (ARTICLE 15, COURT MARTIAL, CAPTAINS MAST, ETC), WHILE IN THE MILITARY:  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

59. DO YOU DRINK ALCOHOLIC BEVERAGES:  YES  NO

IF YES, HOW FREQUENT AND HOW MUCH: \_\_\_\_\_

60. HAVE YOU EVER LOST A JOB DUE TO A DRINKING PROBLEM:  YES  NO

61. HAVE YOU EVER BEEN COUNSELED BY AN EMPLOYER BECAUSE OF YOU DRINKING HABITS:  YES  NO

62. HAVE YOU EVER CALLED IN SICK BECAUSE OF A HANGOVER:  YES  NO

63. HAVE YOU EVER CALLED IN SICK BECAUSE YOU WERE TO INTOXICATED OR HAD BEEN DRINKING:  YES  NO

64. DURING THE LAST TEN YEARS, APPROXIMATELY HOW MANY TIMES HAVE YOU USED ALCOHOL DURING WORK HOURS. THIS SHOULD INCLUDE LUNCH OR COFFEE BREAKS AS WELL AS WHILE WORKING. CIRCLE THE APPROPRIATE NUMBER.

1 2 3 4 5 6 7 8 9 10

65. HAVE YOU EVER COMMITTED AN ALCOHOL RELATED OFFENSE:  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

66. HAVE YOU EVER BEEN ARRESTED BECAUSE OF DRINKING:  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

67. HAVE YOU EVER HELD A JOB WHERE ALCOHOL USE WAS COMMON PRACTICE:  
 YES  NO
- IF YES, PLEASE EXPLAIN: \_\_\_\_\_
68. HAVE YOU EVER HAD ANY TROUBLE WITH YOUR SPOUSE DUE TO THE USE OF ALCOHOL:  YES  NO
- IF YES, PLEASE EXPLAIN: \_\_\_\_\_
69. HAVE YOU EVER BEEN FIRED OR PENALIZED BECAUSE OF DRINKING:  YES  NO
- IF YES, PLEASE EXPLAIN: \_\_\_\_\_
70. HAVE YOU EVER SOLD, POSSESSED OR DELIVERED ILLEGAL DRUGS:  YES  NO
71. HAVE YOU EVER TRIED OR USED MARIJUANA:  YES  NO
72. HAVE YOU EVER USED ANY OTHER ILLEGAL DRUGS, PILLS, ETC:  YES  NO
73. DURING THE PAST 10 YEARS, HAVE YOU EVER USED MARIJUANA OR OTHER ILLEGAL DRUGS DURING WORK HOURS:  YES  NO
74. HAVE YOU EVER OVERDOSED ON ILLEGAL DRUGS:  YES  NO
75. HAVE YOU EVER ILLEGALLY USED SOMEONE ELSE'S PRESCRIPTION:  YES  NO
76. HAVE YOU EVER GROWN OR PARTICIPATED IN GROWING MARIJUANA:  
 YES  NO
77. HAVE YOU EVER MANUFACTURED OR PARTICIPATED IN THE MANUFACTURE OF ANY TYPE OF ILLEGAL DRUGS:  YES  NO
78. HAVE YOU EVER INTENTIONALLY TRANSPORTED ILLEGAL DRUGS:  YES  NO
79. HAVE YOU EVER FORGED, ILLEGALLY STOLEN, BOUGHT OR SOLD A PRESCRIPTION DRUG:  YES  NO
80. HAVE YOU EVER SET UP A DRUG BUY FOR YOURSELF OR SOMEONE ELSE:  
 YES  NO
81. HAVE YOU EVER POSSESSED OR ATTEMPTED TO PASS A FORGED PRESCRIPTION:  
 YES  NO
82. HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR A DRUG VIOLATION:  
 YES  NO
83. HAVE YOU EVER STOLEN DRUGS FROM ANYONE:  YES  NO
84. HAVE YOU EVER SOLD ANY SUBSTANCE WHICH YOU PURPORTED OR CLAIMED TO BE AN ILLEGAL DRUG:  YES  NO





86. IF YOU HAVE EVER BEEN EMPLOYED BY A CRIMINAL JUSTICE OR LAW ENFORCEMENT AGENCY, ANSWER THE FOLLOWING QUESTIONS. IF YOU ANSWER YES TO ANY QUESTION, EXPLAIN IN THE SPACE PROVIDED FOR YOU AT THE END OF THIS SECTION. IF YOU HAVE NO LAW ENFORCEMENT OR CRIMINAL JUSTICE EXPERIENCE THEN ANSWER N/A IN THE BLANK PROVIDED AND MOVE TO THE NEXT SECTION: \_\_\_\_\_

87. HAVE YOU EVER ACCEPTED A PAYOFF:  YES  NO

88. HAVE YOU EVER STOLEN ANYTHING FROM ANYONE YOU ARRESTED:  YES  NO

89. HAVE YOU EVER KEPT THE PROPERTY OF ANYONE YOU ARRESTED:  YES  NO

90. HAVE YOU EVER STOLEN ANYTHING AT THE SCENE OF A BURGLARY:  YES  NO

91. HAVE YOU EVER CARRIED A THROW DOWN WEAPON:  YES  NO

92. HAVE YOU EVER UNLAWFULLY ENTERED A BUSINESS OR RESIDENCE:  YES  NO

93. HAVE YOU EVER FALSIFIED AN EXPENSE VOUCHER:  YES  NO

94. HAVE YOU EVER STOLEN ANYTHING FROM A MOTOT VEHICLE THAT YOU HAD TOWED:  YES  NO

95. HAVE YOU EVER RECEIVED ANY TYPE OF GRATUITY FOR DROPPING A CASE OR DISPOSING OF AN ARREST OR TRAFFIC CITATION:  YES  NO

96. HAVE YOU EVER ILLEGALLY TAMPERED WITH EVIDENCE:  YES  NO

97. HAVE YOU EVER KEPT FOR PERSONAL USE OR FOR RESALE ANY ILLEGAL DRUGS TAKEN FROM SOMEONE ELSE WHO HAD BEEN ARRESTED OR DETAINED:  
 YES  NO

98. HAVE YOU EVER ILLEGALLY DESTROYED A FILE, COMPUTER ENTRY, OR OFFICIAL REPORT:  YES  NO

99. HAVE YOU EVER ILLEGALLY PLANTED EVIDENCE:  YES  NO

100. WERE YOU EVER SUSPENDED WITHOUT PAY FROM YOUR JOB:  YES  NO

101. HAVE YOU EVER TIPPED OFF A FRIEND, ACQUAINTANCE OR ANY OTHER PERSON ABOUT AN ACTIVE INVESTIGATION INVOLVING THEM:  YES  NO

102. HAVE YOU EVER COVERED UP A CRIMINAL CASE:  YES  NO

103. SINCE YOU WERE FIRST EMPLOYED IN CRIMINAL JUSTICE, HAVE YOU USED MARIJUANA, COCAINE OR OTHER ILLEGAL DRUGS:  YES  NO

104. HAVE YOU EVER STOLEN ANYTHING FROM A CRIME SCENE:  YES  NO

DURING THIS SECTION, YOU WILL BE ASKED QUESTIONS REGAREING INVOLVEMENT IN CRIMINAL ACTIVITY, IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN IN DETAIL YOUR ACTIVITY. YOU SHOULD ANSWER THE QUESTIONS WHO, WHAT, WHEN, WHERE AND HOW. USE EXTRA SHEETS OF PAPER AS NEEDED:

105. HAVE YOU EVER BEEN A PARTY TO A LAW SUIT AS A RESULT OF YOUR ACTIONS IN THE PERFORMANCE OF YOUR JOB:  YES  NO

106. HAVE YOU EVER BEEN ARRESTSED OR CONVICTED OF A CRIME:  YES  NO

107. HAVE YOU EVER PLEAD GUILTY OR NOLO CONTENDERE TO A CRIME:

YES  NO

108. HAVE YOU EVER RECEIVED A SENTENCE:  YES  NO

109. HAVE YOU EVER BEEN:

SENTENCED TO INCARCERATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	PLACED IN A POLICE LINEUP	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLACED IN A HOLDING CELL	<input type="checkbox"/> YES <input type="checkbox"/> NO	PLACED ON PROBATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLACED IN TRAINING SCHOOL	<input type="checkbox"/> YES <input type="checkbox"/> NO	PLACED IN JAIL	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLACED IN A MILITARY STOCKADE	<input type="checkbox"/> YES <input type="checkbox"/> NO	PLACED ON PAROLE	<input type="checkbox"/> YES <input type="checkbox"/> NO
QUESTIONED AS A SUSPECT OF A CRIME BY THE POLICE	<input type="checkbox"/> YES <input type="checkbox"/> NO		

110. DID YOU EVER STEAL MONEY FROM AN EMPLOYER:  YES  NO

111. DID YOU EVER STEAL ANYTHING FROM AN EMPLOYER:  YES  NO

112. HAVE YOU EVER STOLEN ANYTHING FROM A FELLOW EMPLOYEE:  YES  NO

113. HAVE YOU DELIBERATELY DESTROYED PROPERTY OF AN EMPLOYER:

YES  NO

114. HAVE YOU DELIBERATELY SHORT CHANGED A CUSTOMER:  YES  NO

115. AFTER REACHING YOUR 17<sup>TH</sup> BIRTHDY, HAVE YOU EVER STOLEN ANYTHING FROM A STORE:  YES  NO

116. DID YOU EVER ALTER A PRICE TAG:  YES  NO

117. HAVE YOU EVER FORGED A CHECK:  YES  NO

118. DID YOU EVER STEAL ANYTHING FROM A VEHICLE:  YES  NO

119. DID YOU EVER INTENTIONALLY WRITE A BAD CHECK:  YES  NO

120. DID YOU EVER ACT AS A LOOKOUT SO THAT SOMEONE ELSE COULD COMMIT A CRIMINAL ACT:  YES  NO

121. ARE YOU A FUGITIVE FROM JUSTICE:  YES  NO

122. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST OR SUBVERSIVE OR WHICH SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY ANY OTHER PERSON THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OR GOVERNMENT OF THE UNITED STATES BY ANY UNCONSTITUTIONAL MEANS:

YES  NO

123. HAVE YOU EVER COMMITTED AN UNDETECTED CRIME:  YES  NO

124. HAVE YOU EVER BEEN TURNED DOWN BY A BONDING COMPANY:  YES  NO

125. DID YOU EVER INTENTIONALLY PERJURE YOURSELF IN A COURT OF LAW:

YES  NO

126. ARE YOU INVOLVED IN ANY KIND OF LAW SUIT:  YES  NO

127. DID YOU EVER FRAUDULENTLY MISUSE A CREDIT CARD:  YES  NO

128. ARE YOU BEING PAID BY ANY PERSON TO SEEK EMPLOYMENT WITH THIS AGENCY OR PROMISED ANY PAYMENT SHOULD YOU SUCCEED IN OBTAINING EMPLOYMENT WITH THE TOWNS COUNTY SHERIFF'S OFFICE:  YES  NO

**THE FOLLOWING ARE OFFENSES, WHICH HAVE BEEN ESTABLISHED BY THE STATE OF GEORGIA AS PROSECUTABLE UNDER THE CRIMINAL CODE OF THE STATE OF GEORGIA. PLEASE CIRCLE ANY OFFENSES THAT YOU MAY HAVE COMMITTED. THIS APPLIES TO CRIMES WHICH MAY OR MAY NOT HAVE BEEN KNOWN TO THE JUDICIAL SYSTEM. IF YOU HAVE ANY QUESTIONS CONCERNING WHETHER OR NOT YOU HAVE COMMITTED THESE ACTS, PLEASE LEAVE IT BLANK AND ASK ONE OF THE BACKGROUND INVESTIGATORS ABOUT THE INCIDENT. IF YOU CIRCLE AN OFFENSE, PLEASE PROVIDE VERY DETAILED EXPLANATIONS AT THE SPACE PROVIDED AT THE END OF THIS SECTION. ATTACH ADDITIONAL SHEETS IF NECESSARY.**

- |   |  |   |
|---|--|---|
| CRIMINAL SOLICITATION                             | CONSPIRACY                               | MURDER  |
| VOLUNTARY MANSLAUGHTER                            | INVOLUNTARY MANSLAUGHTER                 | AGGRAVATED ASSAULT                                  |
| FALSE IMPRISONMENT                                | AGGRAVATED BATTERY                       | KIDNAPING   |
| CRUELTY TO CHILDREN                               | HIJACKING                                | INTERFERENCE WITH CUSTODY                           |
| RAPE  | RECKLESS CONDUCT                         | FETICIDE  |
| STATUTORY RAPE                                    | SODOMY                                   | AGGRAVATED SODOMY                                   |
| NECROPHILIA                                       | CHILD MOLESTATION                        | BESTIALITY  |
| PIMPING   | PUBLIC INDECENCY                         | PROSTITUTION  |
| MASTURBATION FOR HIRE                             | PANDERING                                | SOLICITATION OF TOOLS FOR THE COMMISSION OF A CRIME |
| SEXUAL BATTERY                                    | BIGAMY                                   | VANDALISM   |
|   | BURGLARY                                 | CRIMINAL POSSESSION OF INCENDIARY                   |
| CRIMINAL DAMAGE TO PROPERTY                       |  | ROBBERY   |
| ARSON   | INTERFERENCE WITH GOVT. PROPERTY         | ILLEGAL USE OF CREDIT CARD                          |
| THEFT   | CRIMINAL POSSESSION OF EXPLOSIVES        | IMPERSONATING A PEACE OFFICER                       |
| FORGERY   | ARMED ROBBERY                            | CONCEALING A DEATH                                  |
| FRAUD   | ISSUANCE OF BAD CHECKS                   | PERJURY   |
| GIVING FALSE INFORMATION                          | BRIBERY                                  | INFLUENCING WITNESSES                               |
| HINDERING APPREHENSION OF A CRIMINAL              | FALSE REPORT OF A CRIME                  | INCITING AN INSURRECTION                            |
| FALSE SWEARING                                    | ESCAPE                                   | PEEPING TOM   |
| TAMPERING WITH EVIDENCE                           | EMBRACERY                                | GAMBLING  |
| WIRETAPPING                                       | TREASON                                  | CONTRIBUTING TO THE DELINQUENCY OF A MINOR          |
| POSSESSION OF UNLAWFUL WEAPON                     | EAVESDROPPING                            |   |
| DRIVING UNDER THE INFLUENCE                       | CARRING A PISTOL WITHOUT A LICENSE       |   |
| ATTEMPTING TO ELUDE AN OFFICER                    | OBSTRUCTION OF AN OFFICER                |   |
|   | MANUFACTURING OR IMPORTING ILLEGAL DRUGS |   |
| POSSESSION OR SALE OF ILLEGAL DRUGS OR SUBSTANCES |  |   |

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**THE FOLLOWING SECTION DEALS WITH YOUR CURRENT AND PAST DRIVING RECORD. PRACTICE FULL DISCLOSURE REGARDING YOUR DRIVING HISTORY REGARDLESS OF THE TYPE OF INCIDENT AND / OR THE TIME SPAN SINCE THE INCIDENT TOOK PLACE. PLEASE ASSUME THAT ALL RECORDS WILL BE AVAILABLE TO THIS AGENCY REGARDING YOUR DRIVERS HISTORY. ANY ANSWERS THAT NEED CLARIFYING OR NEED TO BE EXPLAINED, PLEASE ATTACH ADDITIONAL SHEETS.**

129. DO YOU HAVE A DRIVERS LICENSE:  YES  NO

TYPE: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_  
 RESTRICTIONS: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
 LICENSE NUMBER: \_\_\_\_\_

130. LIST BELOW ALL TRAFFIC CITATION YOU HAVE EVER RECEIVED, EXCLUDING PARKING VIOLATIONS:

LOCATION	APPROXIMATE DATE	VIOLATION TYPE	DISPOSITION

131. HAVE YOU EVER POSSESSED AN OPERATORS LICENSE WITH A LICENSE NUMBER WHICH IS DIFFERENT FROM THE ONE LISTED ABOVE:  YES  NO

TYPE: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_  
 RESTRICTIONS: \_\_\_\_\_  
 EXPIRATION DATE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

132. HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED:  YES  NO

133. HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE BY ANY STATE:  
 YES  NO

134. DO YOU HAVE LIABILITY INSURANCE AT THE PRESENT TIME:  YES  NO

135. HAS YOUR INSURANCE EVER BEEN CANCELED:  YES  NO

136. HAVE YOU EVER OBTAINED A LICENSE UNDER AN ASSUMED NAME:  YES  NO

137. HAVE YOU EVER HAD ANY HIT AND RUN ACCIDENTS:  YES  NO

138. HAVE YOU EVER LEFT THE SCENE OF AN ACCIDENT WITHOUT GIVING ASSISTANCE:  
 YES  NO

139. HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT:  YES  NO

140. HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE:  
 YES  NO

**AFFIDAVIT OF APPLICANT**

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND ALL QUESTIONS AND INSTRUCTIONS IN THIS QUESTIONNAIRE, AND THAT MY ANSWERS ARE TRUE AND COMPLETE.

I UNDERSTAND THAT ANY UNTRUTHFUL MISSTATEMENT OF MATERIAL FACT WILL RESULT IN:

- ❖ DISQUALIFICATION OF MY APPLICATION OR DISMISSAL FROM EMPLOYMENT WITH THE TOWNS COUNTY SHERIFF’S OFFICE
- ❖ PROSECUTION FOR THE OFFENSE OF FALSE SWEARING (OCGA 16-10-71), A FELONY PUNISHABLE BY A MAXIMUM FINE OF \$1,000.00 PLUS IMPRISONMENT FOR NOT LESS THAN ONE, NOR MORE THAN THREE YEARS, OR BOTH.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
\_\_\_\_\_

**STATE OF GEORGIA – COUNTY OF** \_\_\_\_\_

BEFORE ME PERSONALLY APPEARED \_\_\_\_\_,  
WHO SAYS THAT HE / SHE EXECUTES THE ABOVE STATEMENT OF HIS / HER OWN FREE WILL AND ACCORD, WITH FULL KNOWLEDGE OF THE PURPOSE THEREOF.

SWORN AND SUBSCRIBED TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
IN THE YEAR \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_