



Towns County Sheriff's Office

Application for Employment

CONFIDENTIAL

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.

All pages must be completed in black or blue ink.

Applicant Name

Last

First

Middle

Date _____

Position applied for: Deputy Detention Officer Administration

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 driver's 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

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:

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

O.C.G.A. 35-8-8 requires a pre-employment background for peace officers and jailers (including detention officers who are certified jailers). The Towns County Sheriff's Office will conduct a thorough background on each applicant that applies for a position as a peace officer, jailer, or any administrative staff. The background investigation includes, but is not limited to:

- ✓ Check of applicant's work history
- ✓ Driver's history
- ✓ Criminal history
- ✓ Administering of a written and/or clinical psychological evaluation
- ✓ Administering of a physical training test
- ✓ Administering of a polygraph examination
- ✓ Pre-employment drug screening
- ✓ References (personal and work)

Employment in law enforcement requires integrity and public trust. Only those applicants whose conduct, character, and behavior, that does not discredit either themselves or the Towns County Sheriff's Office, will be employed. The process of employment with the Towns County Sheriff's Office will address the integrity, ethical, conduct, honesty, prejudices, and past behavior of all applicants.

In an effort to maintain an equitable standard for the positions of Peace Officer or Jailer, the Command Staff of the Towns County Sheriff's Office has set certain standards and guidelines. The following standards are among those that will automatically disqualify an applicant for consideration:

- Intentionally falsifying, misrepresenting, or omitting pertinent information while completing the employment application, preliminary interview questionnaires, or any other pre-employment document(s).
- If you deliberately make any inaccurate, misleading, false, or fraudulent statements during the employment process.
- Any felony convictions
- Any outstanding criminal charge pending adjudication and completion of any sentence or probation.
- Sufficient misdemeanor convictions to establish a pattern for disregard of the law.
- No conviction for misdemeanor of an aggravated nature, public order, decency or moral turpitude.
- Any conviction or plea of *nolo contendere* within the past five (5) years for Driving Under the Influence of Drugs or Alcohol (DUI) or for any serious traffic offense, including, but not limited to: Fleeing or Attempting to Elude a Police Officer, Vehicular Homicide, Failure to Stop and Render Aid, or leave information, Reckless Driving, and Racing.
- Three (3) or more convictions and/or pleas of *nolo contendere* within the past two (2) years for any moving violation.

How did you learn of this available position?	Walk-in	TCSO Website	Newspaper
Are you available to work any time of the day?	YES	NO	
Are you available to work any day of the week?	YES	NO	
Are you willing to work nights or weekends?	YES	NO	
Do you object to wearing a uniform?	YES	NO	

DRIVER'S HISTORY

Do you have a valid Driver's license? **YES** **NO** State: _____

Driver's license number: _____ Date of expiration: _____

Have you ever been licensed to drive in another state? **YES** **NO** State: _____

Operator's license number: _____

Have you ever incurred any traffic charges within the last three (3) years? **YES** **NO**

If yes, please do not include parking tickets.

Date: _____ Type of Charge: _____

Date: _____ Type of Charge: _____

Date: _____ Type of Charge: _____

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 of applicant: _____ Date: _____

Notary Signature: _____ Date: _____

My Commission Expires: _____

GENERAL INFORMATION

Have you ever been employed by or applied with the Towns County Sheriff's Office? <p style="text-align: center;">YES NO</p>	If yes, when?	Department/Office
How did you learn of this opening?	Are you a Citizen of the United States? <p style="text-align: center;">YES NO</p>	
Are you related to anyone currently employed by the Towns County Sheriff's Office? YES NO	Relative's Name	Relationship
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? YES NO 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 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? YES NO If yes, what type of branch? _____		
Please indicate below any answers that are true statement(s). <ul style="list-style-type: none"> • Have you ever used marijuana? YES NO • Have you ever: _____ possessed, _____ sold, _____ manufactured, _____ used, or _____ delivered illegal drugs • Have you ever: _____ illegally possessed, _____ sold, _____ manufactured, _____ used, or _____ delivered legal prescription medication • Date(s) _____ used, _____ possessed, _____ sold, _____ delivered Type of Drug(s): _____		

EDUCATION INFORMATION

Are you a high school graduate? **Yes** **No**

If no, circle highest grade completed: **5** **6** **7** **8** **9** **10** **11** **12**

Do you have a GED: **Yes** **No** Date completed: _____

SCHOOL	NAME	ADDRESS/PHONE NUMBER	DATES ATTENDED	COMPLETED	DEGREE EARNED
HIGH SCHOOL				9 10 11 12	
BUSINESS/ TECHNICAL SCHOOL				1 2 3 4	
COLLEGE				1 2 3 4	
GRADUATE SCHOOL				1 2 3 4	

SKILLS AND TRAINING

Please list any skills/training you have that would be beneficial to this agency.

PERSONAL REFERENCES

Please list five (4) 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	ADRESS	PHONE	RELATIONSHIP
		Work: _____ Cell: _____	
		Work: _____ Cell: _____	
		Work: _____ Cell: _____	
		Work: _____ Cell: _____	

EMPLOYMENT HISTORY

Describe your work history beginning with your current or most recent job. Include military, volunteer experience and periods of unemployment. Complete address 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 section.

Please cover employment history for past five years, including military if applicable. Use attachment if necessary.

	From Mo/Yr	To Mo/Yr	Wage Rate Start/Finish	Job Title and Duties	Reason for leaving and supervisor's name
Name: _____ Address: _____ _____ Phone:() _____					
Name: _____ Address: _____ _____ Phone:() _____					
Name: _____ Address: _____ _____ Phone:() _____					
Name: _____ Address: _____ _____ Phone:() _____					
Name: _____ Address: _____ _____ Phone:() _____					

WORK REFERENCES

Please list (4) work related references. These are people you have worked with for the last (4) years, which are NOT relatives or people with whom you are living.

NAME	ADDRESS	PHONE	TITLE
		Work: _____ Cell: _____	
		Work: _____ Cell: _____	
		Work: _____ Cell: _____	
		Work: _____ Cell: _____	

APPLICANT'S STATEMENT/CONSENT WIAVER

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, or 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__.

My commission expires: _____

Notary Public

