

Twiggs County Sheriff's Office
37 North Ash Street
Jeffersonville, GA 31044
478-945-3357

Darren Mitchum, Sheriff

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: _____

PERSONAL INFORMATION

Name: _____

Street Address: _____

City: _____ State _____ Zip _____

Do you own or rent your home? _____

If rental name of landlord _____ Phone _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address _____

Date of Birth _____ Social Security # _____

Do you have a valid Georgia driver's license? _____ Are you a U.S. Citizen? _____

Are you registered with the Selective Service as required by law? _____ (Male Applicants Only)

Name of High School Attended: _____

Diploma obtained _____ or GED _____

Did you attend college or vocational school? YES or NO

If yes – Name of school or university: _____

Course of Study: _____

Did you graduate? YES or NO Hours of Credit earned if not graduated - _____

STATE REQUIREMENTS

OCGA 35-8-8

Requirements for appointment or certification of persons as peace officers; certification of applicants possessing special skills in training and handling of police dogs.

- (A) Any person employed or certified as a peace officer shall:
- (1) Be at least 18 years of age;
 - (2) Be a citizen of the United States;
 - (3) Have a High School Diploma or its recognized equivalent (GED);
 - (4) Not have been convicted by any state or by the federal government of any crime the punishment for which could have been imprisonment in the federal or state prison or institution nor have been convicted of sufficient misdemeanors to establish a pattern of disregard for the law, provided that, for the purposes of this paragraph, violations of traffic laws and other offenses involving the operation considered;
 - (5) Be fingerprinted for the purpose of conducting a fingerprint based search at the GBI and the FBI to determine the existence of any criminal record;
 - (6) Possess good moral character as determined by investigation under procedure established by the council;
 - (7) Have an oral interview with the hiring authority or its representative to determine the applicants appearance, background, and ability to communicate;
 - (8) Be found, after examination by a licensed physician or surgeon to be free from any physical, emotional, or mental conditions which might adversely affect his exercising the powers or duties of a peace officer; and
 - (9) Successfully complete a job related academy entrance examination provided for and administered by the council in conformity with state and federal law. Such examination shall be administered prior to entrance to the basic course provided for in code sections 35-8-9 and 35-8-11. The council may change or modify such examination and shall establish the criteria for determining satisfactory performance on such examination. Peace officers who do not perform satisfactorily on the examination shall be ineligible to retake such examination for a period of six months after an unsuccessful attempt. The provisions of this paragraph establish only the minimum requirements of academy entrance examinations for peace officer candidates in this state; each law enforcement unit is encouraged to provide such additional requirements and any pre-employment examination as it deems necessary and appropriate.

INSTRUCTIONS FOR APPLICANTS

Incomplete or illegible applications will be rejected.

Please print or type legibly using black, blue-black, or blue ink.

Please answer all questions on the application and provide explanations where required. If you need additional space to provide required information or explanations, please attach additional pages.

Please provide complete contact information for personal references.

ATTACH THE FOLLOWING DOCUMENTS

_____ Birth Certificate (Required for ALL Applicants)

_____ High School Diploma or GED Diploma with Transcripts (Required for ALL Applicants)

_____ Diploma or Certified Transcript of Highest College Degree (If Applicable)

_____ Copy of Social Security Card (Required for ALL Applicants)

_____ Copy of Driver's License (Required for ALL Applicants)

_____ Copy of POST Training Record (POST Certified Applicants)

_____ Copies of any POST Certifications (POST Certified Applicants)

_____ DD Form 214 or Equivalent (Military Applicants)

PERSONAL REFERENCES

List three personal references with addresses and phone numbers of people who know you, but **are not related to you.**

Name _____ Phone (_____) _____

Address _____

Relationship _____ How long have you known this person _____

Name _____ Phone (_____) _____

Address _____

Relationship _____ How long have you known this person _____

Name _____ Phone (_____) _____

Address _____

Relationship _____ How long have you known this person _____

EMPLOYMENT HISTORY

LIST EMPLOYMENT HISTORY FOR THE PAST 10 YEARS, BEGINNING WITH THE MOST CURRENT

PRESENT EMPLOYER: _____

ADDRESS: _____

PHONE: _____

SUPERVISOR'S NAME: _____

EMPLOYMENT DATES: FROM ____/____/____ TO ____/____/____

POSITION HELD _____

DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____

PHONE: _____

SUPERVISOR'S NAME: _____

EMPLOYMENT DATES: FROM ____/____/____ TO ____/____/____

POSITION HELD _____

DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____

PHONE: _____

SUPERVISOR'S NAME: _____

EMPLOYMENT DATES: FROM ____/____/____ TO ____/____/____

POSITION HELD _____

DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

Have you ever been terminated or resigned in lieu of termination from a job? _____

If yes please explain: _____

MILITARY SERVICE

Have you ever served in the United States Armed Forces? YES or NO

Branch of Service _____ Entry Date: ____/____/____

ETS date: ____/____/____ Type of Discharge: _____

Highest Rank Attained _____

LAW ENFORCEMENT EXPERIENCE

Are you currently employed with a law enforcement agency? _____

If yes, why do you wish to leave? _____

Have you ever been employed by a law enforcement agency _____

Agency Name: _____

Position Held: _____ From ____/____/____ to ____/____/____

Reason for leaving: _____

Please mark all positions that you have experience in:

DISPATCH / JAIL OPERATIONS / PATROL OPERATIONS

CRIMINAL INVESTIGATIONS / CIVIL OPERATIONS / COURT SECURITY

NARCOTIC INVESTIGATIONS / JUVENILE COURT OPERATIONS

Have you ever been denied a certification by POST? _____

Have you ever been the subject of a POST investigation? _____

Have you ever had a certification suspended or revoked or placed on probation by POST? _____

If yes to any of the above three questions please explain:

**TWIGGS COUNTY SHERIFF'S OFFICE
APPLICANT FOR EMPLOYMENT**

PERSONAL INFORMATION RELEASE

I, _____ do hereby authorize a review of and full disclosure of all records concerning me to any duly authorized agent of Twiggs County Sheriff's Office and/or any agent of a criminal justice agency, and/or private agency.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institution, including records of loans, records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment, and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I hereby acknowledge that I have been advised that the records or information contained therein may be considered confidential. By signing this form, I hereby authorize the disclosure of all records to which, as an employee, the undersigned would have or did have access.

I UNDERSTAND that any information obtained by personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment with the Office of the Sheriff of Twiggs County Georgia.

I HEREBY CERTIFY that I hereby release, discharge, and exonerate the agency, their agents, representatives and/or any person furnishing information, from liability arising out of the furnishing and/or inspection of records and/or other **truthful**, even though potentially embarrassing, information.

I HEREBY CERTIFY that the answer; given by me to the foregoing questions and statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, or misrepresentation of facts called for in this application or any supplements, thereof, is cause for rejection of my application or discharge at any time during my employment.

It is further understood, acknowledged, and agreed to, that any information secured pursuant to this statutorily required background investigation, which would negatively reflect on my fitness for duty, will be forwarded to my current law enforcement employer.

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.

This release shall be binding on my legal representatives, heirs, and assigns.

This release shall expire 120 days from the date signed.

Applicant Signature

_____/_____/_____
date

**TWIGGS COUNTY SHERIFF'S OFFICE
APPLICANT FOR EMPLOYMENT**

CRIMINAL HISTORY CONSENT FORM

I hereby authorize the **Twiggs County Sheriff's Office** to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

This criminal history will be ran using GCIC Purpose Code J or Z for all applications of peace officers, jailers, corrections officer, and communications officer. These purpose codes will return a Georgia Criminal History record including completed first offender information and an Interstate Identification Index response.

_____ Full Name (print)

SEX _____ RACE _____ / / DATE OF BIRTH _____ SOCIAL SECURITY _____

_____ Applicant Signature _____ / / date _____

Have you ever, as an adult or as a juvenile, been arrested for any offense other than a minor traffic offense? _____

If yes describe the date, arresting agency, offense, circumstances, and court disposition

**TWIGGS COUNTY SHERIFF'S OFFICE
APPLICANT FOR EMPLOYMENT**

GEORGIA DRIVERS HISTORY CONSENT FORM

I hereby authorize the **TWIGGS COUNTY SHERIFF'S OFFICE** to receive a copy of my Georgia Driver's History information pertaining to me, to be filed as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

_____ Full Name (print)

_____/_____/_____/_____ DRIVERS LICENSE NUMBER
SEX RACE DATE OF BIRTH

_____ / / _____
Applicant Signature date

Has your driver's license ever been suspended or revoked? _____

If yes please explain _____

List **ALL** traffic citations you have been issued within the past 5 years.

**TWIGGS COUNTY SHERIFF'S OFFICE
APPLICANT FOR EMPLOYMENT**

PUBLIC SAFETY APPLICATION NOTICE

I, _____, Hereby acknowledge that all questions answered on this application are true and correct to the best of my knowledge and ability. I also understand that this is an application for employment in a law enforcement related field. Since this is a public safety application it is necessary for more personal information to be obtained so a complete back ground investigation can be conducted. I further realize and understand all questions concerning age, sex and race are necessary for accurate criminal histories and driver's license and history information to be obtained.

Applicant Signature

_____/_____/_____
date

DRUG AND ALCOHOL TESTING ACKNOWLEDGEMENT

I, _____, acknowledge and understand that the Twiggs County Sheriff's Office is an equal opportunity employer who does not discriminate on the basis of race, religion, sex, age, national origin, or marital status. I also accept, acknowledge, and understand that the Twiggs County Sheriff's Office has a drug and alcohol testing policy and requires a pre-employment drug screening. I understand that if I am offered and accept a position with the Twiggs County Sheriff's Office that I will be required, as a condition of employment, to submit to random drug and alcohol testing, that include analytical urine testing and breath testing for alcohol and drug use and abuse.

I understand, acknowledge and accept that a positive drug or alcohol pre-employment test automatically disqualifies me from any employment opportunities with the Twiggs County Sheriff's Office.

I understand, acknowledge, and accept that if I am offered and accept a position with the Twiggs County Sheriff's Office and I refuse to provide a urine or breath sample as required by the random drug and alcohol testing policy then I will be subject to termination from employment.

Applicant Signature

_____/_____/_____
date

**TWIGGS COUNTY SHERIFF'S OFFICE
APPLICANT FOR EMPLOYMENT**

CONDITIONAL OFFER OF EMPLOYMENT ACKNOWLEDGEMENT

I, _____, Hereby acknowledge that after the Twiggs County Sheriff's Office completes the background investigation, a determination will be made to either make and offer of employment or not. If an offer of employment is made, I understand and agree that the offer is a CONDITIONAL OFFER of employment and not a FORMAL offer of employment.

I understand and agree that as a Law Enforcement agency, the Twiggs County Sheriff's Office has to comply with the laws of the State of Georgia and the requirements of the Georgia Peace Officer Standards and Training Council.

Therefore, I agree and understand that any conditional offer of employment is contingent upon the results of a medical examination by a licensed physician in the State of Georgia, a pre-employment drug screen, and a detection of deception examination, all of which will be performed at the expense of the Sheriff's Office.

I understand and agree that should any of these examinations indicate that I am unfit for employment with the Twiggs County Sheriff's Office then the Sheriff's Office shall not be under any obligation to make a formal offer of employment to me.

Applicant Signature

_____/_____/_____
date

**TWIGGS COUNTY SHERIFF'S OFFICE
APPLICANT FOR EMPLOYMENT**

**INFORMED CONSENT RELEASE AND
HOLD HARMLESS FOR CONFIDENTIALITY
OF PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATA**

I, _____, fully recognize that under Georgia law, individuals must clearly demonstrate their personal, medical, and psychological fitness to serve in the position of a peace officer. I further recognize that an employing agency has both a legal and a moral obligation to make every reasonable effort to ensure that any person employed by them as a peace officer will conform to the very highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness, and that such investigation will include contacting persons and/or organizations who have information relating to my fitness, including if I am or have been a peace officer in Georgia. I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless confidentiality of their information can be guaranteed on a permanent basis. I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy. I have also been informed that because this background investigation is either mandated by law, responses from persons contacted, whether solicited or unsolicited, may enjoy absolute privilege under Georgia Law.

Therefore, I exonerate, release, and discharge both my prospective employer, their officers, agents, or assigns, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this pre-employment investigation declared confidential pursuant to law, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person. I have had adequate time to review this form, I understand its meaning and purpose and have been furnished a copy of it.

Dated this _____ day of _____, 20____, in the County of _____, State of Georgia. (This release is valid for 120 days from the date of signature).

Applicant Signature

_____/_____/_____
date

Witness Signature

_____/_____/_____
date