



# Wilkinson County Sheriff's Office

## Application for Employment

<b>DEPARTMENTAL USE ONLY:</b>
Position applied for: _____
Deputy _____
Jail _____
Communications _____

### General Information

Evaluations of application are based on individual merit. Information MUST BE COMPLETE so that all application can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin or disability. One application must be completed for each position for which you apply.

**THIS APPLICATION MUST BE SIGNED AND DATED. INCOMPLETE APPLICATIONS WILL BE REJECTED. RESUMES' AND FAXED APPLICATIONS ARE NOT ACCEPTED IN LIEU OF ORIGINAL COMPLETED APPLICATIONS. FAILURE TO PROVIDE TRUTHFUL INFORMATION OR INADVERTENTLY PROVIDING FALSE INFORMATION WILL RESULT IN IMMEDIATE AND AUTOMATIC TERMINATION OF THE EMPLOYMENT PROCESS.**

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### PERSONAL INFORMATION

Name \_\_\_\_\_  
First Middle Last

Current Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Prior Address: \_\_\_\_\_

Telephone Numbers \_\_\_\_\_  
Home Work Cell

Spouse's Name (if applicable): \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sex: M ( ) F ( ) Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Are you over 18 years old? ( ) Yes ( ) No

Are you a citizen of the U.S.? ( ) Yes ( ) No

Have you ever been bonded? ( ) Yes ( ) No

If yes, on what jobs \_\_\_\_\_

Were you previously employed by the Wilkinson County Sheriff's Office? ( ) Yes ( ) No

If yes, when? \_\_\_\_\_

**Education**

**High School Name and Location** \_\_\_\_\_

Circle highest grade completed: 7 8 9 10 11 12      Graduated? ( ) Yes ( ) No

If not a high school graduate, do you have a GED? ( ) Yes ( ) No

**Colleges/Universities**

Name of School	Address	Major	Degree Earned

Describe special vocational or business courses you have taken which relate to the job for which you are applying.

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List special skills, qualifications and certifications (including language skills, typing skills and business equipment or machine operating skills) which relate to the job for which you are applying:

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If you are applying for a clerical position, please complete the following approximate number of words per minute in:

Typing \_\_\_\_\_      Shorthand \_\_\_\_\_

**Military Record**

Selective Service Classification \_\_\_\_\_

Branch \_\_\_\_\_ Rank Attained \_\_\_\_\_

Date of Entry \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Have you ever used or abused any illegal drugs? ( ) Yes ( ) No

If so, what and when: \_\_\_\_\_

How many times? \_\_\_\_\_

Have you received any traffic citations in the past 3 years? ( ) Yes ( ) No

Please indicate type of offense(s) and dates: \_\_\_\_\_

Have you ever been arrested? ( ) Yes ( ) No

If so, please list the date, charge and arresting agency: \_\_\_\_\_

Have you (since the age of 18) ever been convicted of or pled guilty or no contest to a misdemeanor: ( ) Yes ( ) No

Have you (since the age of 18) ever been convicted of or pled guilty or no contest to a felony. ( ) Yes ( ) No

If yes, describe the circumstances: \_\_\_\_\_

**List three personal references. Do not list immediate family.**

	Name	Address	Phone #	Years known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

### Employment History

Describe your work history beginning with your current or most recent job. Failure to give complete information may result in you disqualification.

Name of Company	Telephone			Dates Employed
Street	City	State	Zip Code	May we contact employer? ( ) Yes ( ) No
Official Job Title	Name of Supervisor			Starting pay
				Ending pay
Describe Specific Job Duties				
Specific Reason for Leaving				

Name of Company	Telephone			Dates Employed
Street	City	State	Zip Code	May we contact employer? ( ) Yes ( ) No
Official Job Title	Name of Supervisor			Starting pay
				Ending pay
Describe Specific Job Duties				
Specific Reason for Leaving				

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Street	City	State	Zip Code	May we contact employer? ( ) Yes ( ) No
Official Job Title	Name of Supervisor			Starting pay
				Ending pay
Describe Specific Job Duties				
Specific Reason for Leaving				

**\*\*\* A resume may be attached only as additional information and will not be accepted in lieu of completing this section**

**APPLICANT DATA SHEET**

Dear Applicant:

We are an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, national origin, sex, age, disability or veteran status.

To help us comply with Federal equal opportunity record keeping requirements, please answer the questions on this survey. In addition, the information will assist us in ensuring that our recruitment efforts are reaching all areas in the community and that all protected classes are represented in our applicant population.

This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
TITLE OF POSITION FOR WHICH YOU ARE APPLYING

( ) Full Time      ( ) Part Time

( ) Male

( ) Caucasian

( ) Hispanic

( ) Female

( ) African American

( ) Asian / Pacific Islander

( ) Native American / American Indian

( ) Other: \_\_\_\_\_

**Notice to Applicants**

All applicants are entitled under the law to equal employment opportunity. If you believe you have been discriminated against in employment on the basis of race, color, religion, national origin, sex, age, disability or veteran status, you are entitled to notify the Equal Opportunity Commission, 2401 E. Street NW, Washington, D.C., 20506 or other appropriate agencies