



Wilkinson County Sheriff's Office

Application for Employment

General Information

DEPARTMENTAL USE ONLY:
Position applied for: _____
Deputy _____
Jail _____
Communications _____

Evaluations of applications are based on individual merit. Information MUST BE COMPLETE so that all applications 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

Email Address _____

Spouse's Name (if applicable): _____

Date of Birth _____ / _____ / _____ Driver's License Number _____ State _____

Social Security Number _____ Sex: M () F ()

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 _____

Have you ever been 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.

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:

Military Record

Selective Service Classification _____

Branch _____ Rank Attained _____

Date of Entry _____

Date of Discharge _____ Type of Discharge _____

Prior Law Enforcement

Are you or have you ever been POST Certified: () Yes () No

If yes, Certification # _____ OKEY # _____

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				

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				

***** 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

Domestic Violence Conviction Attestation

I, _____, do hereby swear and affirm that I have never been convicted of any crime, misdemeanor or felony, involving an act of Family Violence in the State of Georgia or any other State of the United States. I understand that it is now Federal Law that anyone convicted of a crime involving domestic/family violence must surrender all of his/her firearms and may not be in possession of any firearm. I further understand that if I knowingly and willfully lie on this form, I may be charged with criminal charges and administrative charges.

Print Name

Date

Signature

Wilkinson County Sheriff's Office

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized person of the Wilkinson County Sheriff's Office, whether such records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, including records of loans, the records of military service, all records of financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit report and/or rating) psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, employment and pre-employment records including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be used in determining my suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Wilkinson County Sheriff's Office to be a participant in the determination process of my employment suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand résumés, letters of reference, etc., submitted with the application become property of the Wilkinson 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.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

Full Name Printed

Signature

Street Address

Date of Birth

Sex

Race

City/State

Social Security Number

Date

APPLICANT'S ACKNOWLEDGEMENT

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 Wilkinson 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 §16-10-71) punishable by a maximum fine of \$1000 plus imprisonment for not less than one and no more than five years or both. I further understand that any erroneous answer given by me during any part of this 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 my application will be terminated.

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

Applicant's Signature

Date

**STATE OF GEORGIA
COUNTY OF WILKINSON**

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: _____

Criminal History Record Information Consent Form

(Law Enforcement Officers/Criminal Justice Employment – Purpose Code “J”)

The passage of revisions to the Federal Omnibus Consolidation Appropriations Act of 1997 and its amendment to the Gun Control Act of 1968 makes it unlawful for any person convicted of a “misdemeanor crime of domestic Violence” to ship, transport, possess, or receive firearms or ammunition, including law enforcement personnel. There are no provisions in this law for exemptions.

I hereby give my consent for a criminal history records check to be conducted. I understand that this consent is voluntary; however, I acknowledge that refusal to give this consent may have an adverse effect on my continued employment as a law enforcement officer.

Print Name

Signature

Date of Birth

Social Security Number

Attention Applicants

Applicants requesting employment with the Wilkinson County Sheriff's Office must provide copies of the below listed documents when submitting an application:

Driver's License

Social Security Card

Birth Certificate

Transcripts from High School/College, along with Diploma

Certificates from GA POST Council (if applicable)

**Please have copies attached.
DO NOT bring originals for copies to be made.**

**FAILURE TO COMPLY WITH THE ABOVE REQUESTS
WILL RESULT IN REJECTION OF APPLICATION**