FRANKLIN COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPOLOYMENT

INSTRUCTIONS: Fill all blanks. Attach HS Diploma/GED, Birth Certificate, SS Card, Driver's License, POST Record, DD214 (if military). Detach instruction page before submitting. Phone calls regarding status will not be accepted.

ALL FORMS MUST BE COMPLETED.

Equal Opportunity Employer

1. PERSONAL INFORMATION

Date of Application

Position Applying For

Full Legal Name (Last, First, Middle)

Date of Birth

Social Security Number

Current Address

Home Phone

Work / Cell Phone

Email / Other

2. EDUCATION

HS Graduate or GED? Yes ____ No ____ (If No → not eligible. Attach diploma/GED)

High School (name, city, state, year)

Trade / Business School

Hours / Major

Degree / Grad Date

College / University

Major / Minor

Degree / Grad Date

Foreign Languages (fluent)

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3. MILITARY STATUS

Branch

Rank

Entry Date

Discharge Date

Type of Discharge (attach DD214). If other than Honorable, explain:

4. DRIVER'S LICENSE

Valid License? Yes ____ No ____ (No = not eligible)

License Number

State

Previous out-of-state licenses

Privileges ever denied/revoked/suspended? Yes ____ No ____ If yes, explain:

5. TRAFFIC VIOLATIONS & ACCIDENTS (last 3 years)

Traffic violations (date, nature, court, disposition) – attach certified history

Motor vehicle accidents (circumstances, injuries, location, date)

Have you ever been fingerprinted? Yes ____ No ____ If yes, please explain:

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6. CRIMINAL HISTORY

Convictions / arrests (date, nature, agency, court, disposition)

Charges pending? Yes _____ No _____	**Ever arrested?** Yes _____ No _____
Probation? Yes _____ No _____	**Warrant ever issued?** Yes _____ No _____

Questioned by LE about criminal activity? Yes ____ No ____ Explain any Yes:

Have you ever committed, participated in, or been involved in any of the following? Yes _____ No _____

If yes, circle the applicable item(s) below and attach a written statement explaining the circumstances.

Arson	Burglary	Theft	Shoplifting
Fraud	Gambling	Assault	Child Molestation
Stolen Property	Firearms	Murder	Rape
Robbery	Kidnapping	Forgery	Perjury
Bribery	Stalking	Threats	Hacking
Escape	Vandalism	Concealed Weapon	

Have you ever used, or are you currently using without a prescription, any of the following? Yes _____ No _____

If yes, circle the applicable item(s) below and attach a written statement explaining the circumstances.

Marijuana	THC Gummy	Hash Oil	Hashish	Cocaine
Crack	Methamphetamine	Speed	Adderall	Ritalin
Heroin	Fentanyl	Oxycodone	Hydrocodone	Dilaudid
Morphine	Codeine	PCP	Angel Dust	LSD
Mescaline	Peyote	GHB	Quaaludes	MDMA / Ecstasy
Benzodiazepines	Steroids	Other Controlled Substance		

When is the last time you used or abused any drug or narcotic?

Have you ever sniffed glue, paint, acetone, or any other inhalant? Yes ____ No ____ If yes, please explain:

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7. SOCIAL MEDIA

Maintain social media accounts? Yes ____ No ____ List usernames/handles:

BANKRUPTCY / CREDIT HISTORY

Have you ever filed for bankruptcy? Yes ____ No ____ If yes, explain:

Have you ever been denied credit? Yes ____ No ____ If yes, explain:

Have you ever written a bad check? Yes ____ No ____ If yes, explain:

Willingness Statement

I understand that the Franklin County Sheriff's Office is a public safety organization and as such it is a twenty-four (24) hour - seven (7) day a week operation. Its members are subject to working shifts any time of the day and days off and granting of authorized leave is based on a combination of mission needs and seniority. Furthermore, members of the Department work in hazardous and potentially life threatening situations and I will be required to work under those conditions. Members of the Franklin County Sheriff's Office agree to comply with written and verbal policies, direction and rules as may be promulgated for the efficient operation of the Department. Prospective members of the Franklin County Sheriff's Office must agree to submit to and successfully complete a written pre-employment aptitude examination, background examination, physical examination and voice stress analysis as a condition of employment. I understand that by signing this application, I am willing to accept and abide by these general conditions. I am also aware that all employees of the Franklin County Sheriff's Office are at will employees and are hired, retained, and released from duty at the pleasure of the Sheriff.

Certification

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment with the Franklin County Sheriff's Office as may be necessary in arriving at an employment decision. I certify that I have read, understand, and accept the general conditions outlined in the above titled "Willingness Statement". In the event of employment, I understand that false or misleading information given in my application for employment or interview(s), or the withholding of information, may result in termination of my employment

Signature of Applicant: _____ Date: _____

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8. EMPLOYMENT HISTORY (most recent first)

Job #1

Company Name / Phone

Address

Position

Supervisor

From → To

Starting / Ending Wage

Duties / Reason for Leaving

Job #2

Company Name / Phone

Address

Position

Supervisor

From → To

Starting / Ending Wage

Duties / Reason for Leaving

Job #3

Company Name / Phone

Address

Position

Supervisor

From → To

Starting / Ending Wage

Duties / Reason for Leaving

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9. REFERENCES (not family – 4 required)

Reference #1

Name / Position

Phone

Address

Reference #2

Name / Position

Phone

Address

Reference #3

Name / Position

Phone

Address

Reference #4

Name / Position

Phone

Address

10. CERTIFICATION & SIGNATURE

I certify that all statements on this application are true and complete. I understand that false or incomplete information may result in disqualification or termination. I authorize FCSO to investigate all statements and obtain information from employers, references, schools, and other sources.

Applicant Signature

Date

Printed Name

Notary Certification

Date

Notary Public

My Commission Expires:

11. REQUEST FOR CONSENT TO PRE-EMPLOYMENT PHYSICAL

Patient Name

I understand that I will receive the following:

- Review of present and past medical history
- Physical exam (review of all systems)
- Pap smear, if indicated and applicable
- Multi-24 CBC and urinalysis
- Drug screen today, or called back at a future date

I understand that I will be notified of any abnormal results and I will be responsible for all follow-up care. I also understand that these are only screening procedures and that these procedures do not replace recommended periodic physical examinations.

I have read the above and have been given the opportunity to ask questions. I sign this document stating that all information given is correct to the best of my knowledge. I also release Franklin County and any of its employees from any and all liability for any adverse results that may occur from the examination or any medical history given by me.

Signature of Patient

Printed Name

Date

Witness / Title

12. PERSONAL CRIMINAL HISTORY RELEASE

I hereby authorize a review and full disclosure of all records concerning myself to the duly authorized agent of the Franklin County Sheriff's Office.

I understand that any information obtained by a personal and criminal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in compiling any report for the Franklin County Sheriff's Office. I 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 liability which may be incurred as a result of furnishing such information.

A photocopy of this release will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I understand that information may be obtained through the use of this waiver at any time during which it is maintained with the Franklin County Sheriff's Office.

Printed Name

Signature

Social Security #

Date of Birth

Address

Notary Certification Date

Notary Public

My Commission Expires

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Attach a legible photocopy of your driver's license, Social Security number card, and high school diploma (or GED) to the application.

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13. 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 that have information relating to my fitness, including but not limited to former employers, references, educational institutions, physicians, and law enforcement agencies. I further 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 hereby request and authorize Franklin County Sheriff's Office and its agents to treat as confidential, and permanently withhold from me and my agents, any and all information obtained pursuant to this investigation. I further release and hold harmless Franklin County, the Franklin County Sheriff's Office, and their agents and employees from any and all liability arising from the investigation and from the withholding of information from me as authorized herein.

Applicant Signature

Date

Printed Name

Witness

14. APPLICANT PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as employment), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.

- You must be provided the opportunity to complete or challenge the accuracy of the information in the record.

- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment opportunity based on information in the record.

- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge.

- If you wish to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information.

I acknowledge that I have been informed of my privacy rights as they pertain to the fingerprint-based criminal history record check conducted as part of this employment application process.

Applicant Signature

Date

Printed Name