



**APPLICATIONS CANNOT BE CONSIDERED WITHOUT ALL DOCUMENTS
LISTED ON THE RIGHT CORNER OF THE APPLICATION!**



**GILMER COUNTY SHERIFF'S OFFICE
1 Broad Street #103. Ellijay, GA 30540
706-635-4162**

Dear Applicant,

Sheriff Stacy Nicholson

I am pleased that you have decided to apply for employment with the Gilmer County Sheriff's Office. Our employees are highly motivated, career orientated, competent men and women with high ethical standards who provide an entire range of law enforcement services to the community.

We have established very high standards for our employees. It is the policy of this agency to hire only the most qualified individuals. Our employee selection process affords equal opportunity to everyone regardless of race, creed, color, religion, national origin, age, gender or disability. Should you be disabled, our staff will be happy to provide any reasonable accommodations to assist you.

To be considered for employment, applicants must meet the following minimum qualifications:

- Be at least 21 years of age for Deputy Sheriff, 18 years of age for Detention Officer or 18 years of age for civilian positions;
- Be a legal citizen of the United States (attach certified copy of birth certificate and social security card);
- Be registered with the Civil Service if you are a male born on or after January 1, 1960 unless you are a son of a foreign diplomat. (If you are not certain if you are registered, visit website www.sss.gov.)
- Have no felony convictions;
- Have no adverse driving record;
- Possess a High School Diploma or GED from an accredited institution (attach copy of diploma AND transcripts with application);
- Possess a valid driver license (attach copy of DL with application);
- Possess an honorable discharge if prior military (attach copy of DD-214 with application). Also if you are past or present military, we must have a signed Form 180 (available from the following website: www.archives.gov/research/order/standard-form-180.pdf) You will only need to sign Section #3 authorizing Gilmer County to obtain your military records. The background investigator will complete the remainder of the form.

The hiring process includes, but is not limited to, passing a background investigation and an oral interview. If a conditional offer of employment is presented, applicants must then pass a pre-employment drug screen, a polygraph, physical, and a psychological examination. It is very important to note that: a) you should not quit your present position unless you receive an OFFICIAL JOB OFFER from this agency; and b) this agency will only be responsible for the cost of the initial screenings and hiring processes. Any follow-up testing that you may request will be at YOUR expense. In addition, test results that are paid for by the county are the county's property and results will not be given to the applicant.

It is essential that you follow all directions provided and complete the application in full. Do not sign the notarized pages until you are in front of a Notary Public. Provide full names, addresses and telephone numbers of past employers so that we may conduct a thorough background investigation. 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 Gilmer County. We will keep your application on file for six (6) months. Please keep us informed with any changes of telephone numbers so that we may contact you for an interview.

Should you have any questions, please contact my office.

Sincerely,

Sheriff Stacy Nicholson

Gilmer Co. Detention Center
106 Brett Dickey Memorial Drive
Ellijay, Georgia 30536

Gilmer Co. Criminal Investigations Divisions
9 Southside Square
Ellijay, Georgia 30540

Human Resources Office
1 Broad Street, Ste. 10
Ellijay, Georgia 30540

OFFICE OF THE SHERIFF
Gilmer County, Georgia

STATEMENT OF HIRING PRACTICES

1. It is the policy of the Gilmer 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 qualification for all applicants are:

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

SPECIAL INSTRUCTIONS

Page 1 of 9

The medical examination and drug test shall only be administered if a conditional offer of employment is made.

APPLICANT RESPONSIBILITIES:

- A) Obtain and complete an application for employment, Gilmer County Sheriff's Office and submit all requested documentation, to the Transition Team Coordinator. Applications should be returned in a timely manner.
- B) Satisfy all minimum hiring selection requirements such as being present for all scheduled employment tests, interviews, and examinations.
- C) Furnish additional documentation when requested to verify or dispel information developed during the selection process.
- D) Become familiar with all elements of the employee selection process as provided in the Application for Employment.
- E) Request a reasonable accommodation if needed in order to comply with the agency's hiring process.

EMPLOYMENT APPLICATION WILL BE ACCEPTED AT ANY TIME WHETHER OR NOT A JOB VACANCY EXISTS OR IS ANTICIPATED.

Job vacancies will be publicly announced throughout the local media and other appropriate means to insure wide-spread notification and generate further applications.

RE-APPLICATION:

Applicants who are rejected for any reasons will not be reconsidered for employment with the Gilmer County Sheriff's Office.

LATERAL ENTRY:

- A) Georgia POST certified peace officer must satisfy the hiring criteria established above.
- B) If accepted for employment, the individual will not have to attend the Basic Mandate Course and will be assigned duties as directed by the Sheriff.

PROBATION:

- A) All newly-hired employees shall be considered on probation for 18 months from the date of employment.
- B) Probationary employees will receive all legally mandated benefits (i.e. workers compensation and Social Security) and any additional benefits provided by Gilmer County. It should be noted that employees are not subject to the jurisdiction of any employment practices of Gilmer County Government except those allowed by the Sheriff.
- C) During the probationary period, the applicant will be evaluated by his/her immediate supervisor and, when necessary, provided with initial and remedial training for the position hired for.

Page 2 of 9

- D) Applicants should exhibit acceptable standards of behavior and demonstrate the potential to properly perform their assigned duties in order to be retained for permanent employment with the agency. Probationary employees are expected to:
- (1) Satisfactorily complete any required training
 - (2) Receive satisfactory or higher ratings in all categories on the performance evaluation; and
 - (3) Demonstrate conduct and behavior that are considered acceptable.

UNACCEPTABLE BEHAVIOR INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING:

conduct that damages the reputation of the agency or the community's perception of the integrity of the agency; involvement in any unlawful activities; any substantiated information that the applicant falsified or any way provided misleading information during the initial hiring process; any substantial information that the applicant lied, stole, or was deceitful while performing his/her employment duties; or frequent tardiness or unjustified absences, insubordination, negligence in performing assigned duties, or the commission of a felony or violent misdemeanor.

SELECTION PROCEDURES: A variety of methods are used to evaluate and select applicants whom are most qualified for employment with the agency. The various means used are collectively designed to identify those who: are of high character and integrity; have the required job-related skills, knowledge, and abilities for the position applied for; can perform the essential job functions of the position; and possess the needed mental and physical characteristics to perform successfully. Each of the elements of the selection process will be administered, scored, evaluated, and interpreted in a uniform manner.

THE SELECTION PROCESS CONSISTS OF THE FOLLOWING ELEMENTS AND ACTIVITIES:

1. **EMPLOYMENT APPLICATION REVIEW:** Upon receipt of the Gilmer County Application for Employment, the Sheriff's Office will:
 - A. Review all applications for completeness and insure applicants satisfy the minimum employment eligibility criteria.
 - B. Return incomplete application or those failing to satisfy the eligibility criteria to the applicant.
2. **INITIAL BACKGROUND SCREENING:** The Sheriff's office will initiate a preliminary background screening involving:
 - A. Criminal records check;
 - B. Drivers history check;
 - C. Credit history check;
 - D. Military criminal records check (for veteran applicants); and
 - E. Verification of GA POST certification when applicable.

3. **POLYGRAPH EXAMINATION:**
 - A. All full-time applicants who successfully pass their respective background investigation will be required to take a polygraph examination. Prior to the examination, applicants will be provided the questions to be asked during the examination.
 - B. All polygraph examinations will be administered by polygrapher's from the Georgia Bureau of Investigations or other sources of the agency's choosing.
4. **FINAL BACKGROUND INVESTIGATION:** The Sheriff's Office will conduct an in-depth background investigation on each applicant who is referred for further employment processing. The investigation will consist of:
 - A. Fingerprint-based criminal records check;
 - B. Verification of at least three personal references;
 - C. Interviews with previous employers, work associated, neighbors, and/or school officials covering at least the past five years.
 - D. Verification of any qualifying credentials such as diplomas, school attendance records, peace officer training records, letters of commendation or recommendation, etc; and
 - E. Appropriate follow-up activities to questionable information previously developed or obtained from the polygraph examination to verify or dispel any indicators that may cause suspicion of an applicant's qualifications, veracity, or reputation.
5. **HIRING BOARD INTERVIEW:** The purpose of the Hiring Board is to determine which applicant(s) should be recommended to the Sheriff for an offer of conditional employment. The Hiring Board will consist of at least three members and will be chaired by an individual of the Sheriff. The duties of the Hiring Board are to:
 - A. Review all materials and information obtained during the hiring process that are related to each applicant.
 - B. Conduct a structured and graded interview with each applicant involving questions related to the position applied for and to an applicant's past history, and any additional questions designed to clarify information developed during the hiring process.
 - C. Analyze all available information and make determination whether:
 - (1) A conditional employment offer should be made;
 - (2) Additional background information is required before a conditional employment offer can be made; or
 - (3) An applicant is ineligible for employment.

- (1) Be submitted in writing by the applicant within five working days following notification of a conditional job offer or following notification of a withdrawal of a conditional job offer because of a medical condition;
 - (2) Contain appropriate medical documentation that verifies the applicant's status as an individual with a disability and his/her functional limitations;
 - (3) Identify the specific job functions requiring accommodation; and
 - (4) Propose the specific accommodations that the agency should make in order for the applicant to be hired.
- E. EVALUATION OF ACCOMMODATION REQUESTS:** Only requests from individuals who are disabled as defined by the ADA will be evaluated. In order to properly determine if an applicant is in fact disabled, the agency may request additional medical documentation to be provided at the applicant's expense in order to verify the request or better understand the limitation. When considering an accommodation request from a disabled applicant, the following procedures will apply:
- (1) The accommodation review will be performed by the Division Commander who would supervise the applicant should she/he be hired. This review may be performed in consultation with other appropriate member of the agency.
 - (2) Only the position for which the applicant is applying will be considered in the accommodation review.
 - (3) The agency is not required to provide the accommodation that is preferred by the applicant; rather the accommodation must be sufficient to meet job related needs and enable the applicant to perform at the level of the average similarly-situated individual that is hired as outlined in appropriate EEOC guidelines.
 - (4) If a disabled individual refuses an agency proposed accommodation that enables him/her to perform the essential job functions, s/he is no longer qualified for the job.
 - (5) The reviewing Division Commander will provide a written response to the applicant that will either approve the accommodation request, explain why the request is denied, or propose another accommodation.

PROBATIONARY HIRING DETERMINATION:

- A. Once all applicable elements of the hiring process have been completed, the Hiring Board will assemble all test, examination, and background investigation results concerning the applicants recommended for employment.
- B. The presence of one or more of the following factors, regardless of when discovered, will cause an applicant to be ineligible for further employment consideration:
 - (1) Evidence of deceptiveness, lying or the submission of any misleading information by the applicant;
 - (2) Information showing the applicant does not satisfy the minimum employment qualifications.
 - (3) Information that the applicant cannot perform the essential job functions with an accommodation for the position applying for;

6. **DRUG SCREENING TEST:**
 A. Full-time applicants who are recommended for a conditional job offer by the Hiring Board will be required to take a drug screening test administered by a licensed medical doctor of the agency's choosing.
 B. The purpose of the examination is to:
 - (1) Certify the general health of each candidate and
 - (2) Determine whether the applicant poses a direct safety threat to the general public, co-workers, and/or the prisoner population in the ADC as described below.
- C. A conditional job offer may be withdrawn if an applicant poses a direct safety threat to the general public, coworkers, and/or the prisoner population in the ADC. Such determination will be based upon factual medical evidence that the applicant poses a significant risk of substantial harm to other or to him/her self. Such medical conditions include, but are not limited to the following:
7. **CONDITIONAL JOB OFFER:** Applicants who are recommended by the Hiring Board for a conditional job offer and who pass a medical examination to be conducted by a licensed medical doctor of the agency's choosing.
8. **MEDICAL EXAMINATION:**
 A. Following the acceptance of a conditional offer of employment, an applicant will be required to pass a medical examination to be conducted by a licensed medical doctor of the agency's choosing.
 B. The purpose of the examination is to:
 - (1) Certify the general health of each candidate and
 - (2) Determine whether the applicant poses a direct safety threat to the general public, co-workers, and/or the prisoner population in the ADC as described below.
- C. A conditional job offer may be withdrawn if an applicant poses a direct safety threat to the general public, coworkers, and/or the prisoner population in the ADC. Such determination will be based upon factual medical evidence that the applicant poses a significant risk of substantial harm to other or to him/her self. Such medical conditions include, but are not limited to the following:
 - (1) The applicant is a carrier of a highly contagious and/or potentially life threatening disease such as Hepatitis B, Pulmonary Tuberculosis, Human Immunodeficiency Virus (HIV) or other uncommon or rare disease as identified by the Centers for Disease Control; or
 - (2) The applicant may unexpectedly lose consciousness because of uncontrollable reaction to medication (i.e. hypoglycemia reaction to insulin) thus causing an automobile or other type of serious accident.
- D. **REASONABLE ACCOMMODATION REQUESTS:** Any job applicant has the right under the Americans With Disabilities Act (ADA) to request that a reasonable accommodation be made in order for a disabled applicant to perform the essential job functions of the job. In order to be considered, such a request must:

- (4) Conviction of a felony, forcible misdemeanor, or act of family violence;
 - (5) Failure to pass the drug screening test;
 - (6) Evidence of marijuana use within the past 36 months, Schedule II drug use within the past 5 years, or drug distribution;
 - (7) Evidence that the applicant poses a direct safety threat to the general public to other agency employees, or to the prisoner population because of a serious medical condition; and/or
 - (8) Any conviction or Nolo contendere plea for DUI within the past years and/or multiple traffic violations that endangered the lives or safety of others within the past 36 months to include "at fault" traffic accidents.
- C. A combination of the following factors will cause an applicant to be ineligible:
- (1) An unfavorable recommendation from previous employers and/or work associates that cannot be reasonably rebutted by the applicant;
 - (2) Failure to pass the polygraph examination;
 - (3) An unfavorable credit rating that cannot be reasonably rebutted;
 - (4) An unfavorable assessment made by the Hiring Board;
 - (5) Or any corroborated information that otherwise puts into question an applicant's integrity, character, or reputation.
- D. The Sheriff's Office will notify in writing any applicant determined to be ineligible for employment and whether s/he can apply for reconsideration as outlined in paragraph four above.

RESPONSIBILITIES

- A. Overall staff supervision for the implementation of the agency's hiring procedures for entry-level applicants.
- B. Provide all prospective applicants with an employment application, to include:
 - (1) The job description with essential job functions;
 - (2) A description of the entire selection process, the expected duration of the selection process, and the agency's policy on re-application, retesting, and re-evaluation of applicants not selected;
- C. Establish and publicize employment application periods;
- D. Review all employment application for completeness and thoroughness and notify in writing those applicants who are required to submit additional documentation or who fail to satisfy the minimum employment qualifications;
- E. Return any employment application received prior to or following an application period;
- F. Make reasonable accommodations for those applicants who may be disabled and who request such accommodations in order that they may comply with subsequent selection procedures;
- G. Notify applicants who successfully pass selection requirements;
- H. Notify applicants in writing who fail to successfully pass the physical agility test and inform them of the conditions and procedures for re-application;
- I. Schedule a Hiring board interview for all qualified applicants;

- J. Contact those applicants who are to be presented with a conditional employment offer;
- K. Assemble all available information on each applicant for the Sheriff or His/Her Designee's final review;
- L. Notify all applicants in writing who are determined to be ineligible for employment within 30 days following such determination.
- M. Secure all unused testing materials and dispose of unneeded materials by shredding to prevent the disclosure of test information.
- N. Conduct a background investigation in accordance with acceptable professional practices;
- O. For those applicants who are recommended for a conditional offer of employment, schedule the following:
 - (1) Drug screening test;
 - (2) Physical examination; and
- P. Immediately notify the Sheriff or His/Her Designee if any information is discovered that may indicate an applicant's character, integrity, or reputation is questionable;
- Q. Maintain a confidential and secure background information file on each applicant, to include the results of all interviews, history checks, and polygraph examinations.
 - (1) Background information is releasable to the public pursuant to OCGA 50-18-70.
 - (2) Background information on applicants hired by the agency will be retained for 20 years following termination.
 - (3) Background information on applicants not hired by the agency will be retained for six months following the "no hire" decision.

HIRING BOARD

- A. Conducts graded and structured interview of those applicants who successfully pass physical agility test in accordance with the procedures at Annex A;
- B. Identifies the best qualified applicants and recommends to the Sheriff or His/Her Designee who should be presented with a conditional job offer of employment;
- C. Identifies which applicants should not be presented with a conditional job offer of Employment.
- D. The Sheriff or His/Her Designee will determine which applicants should be presented with a conditional employment offer and subsequently hired on a probationary basis.

RECORDS:

1. All records associated with the hiring process are the property of the agency.
2. Confidential background information will be maintained by the Office of the Sheriff in a secure location.
 - A. Information on applicants hired by the agency will be placed in the individuals personnel file.
 - B. Information on applicants not hired will be filed separately and retained for three years following the final "no-hire" decision.

- C. Medical and psychological records on hired and not hired individuals must be kept separate from other applicant files.
- D. Except for personal background information and medical and psychological records, all applicant information is releasable to the general public under OCGA 50-18-70.

Received: _____ Sent for BGI: _____

GILMER COUNTY SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT

Note to Applicants: Applications will not be processed without copies of the following documents! We will not call applicants to request these items if they are not included.

Drivers License []

Social Security Card []

Birth Certificate []

H.S. Diploma or GED from an ACCREDITED school []

(to verify proper accreditation go to advance-ed.org or chea.org)

You also must have pgs. A4 and B17 signed and notarized!

Equal Opportunity Employer

The Gilmer 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 males (excluding sons of foreign diplomats) born on or after January 1, 1960 must be registered with the Selective Service.
You will not be considered for employment if you are not registered.

Position Applying for: ☐ *Deputy ☐ Detention Officer ☐ Communications Officer ☐ Civilian ☐ Other
(*Must be a certified peace officer to be considered for Deputy)

PLEASE PRINT OR TYPE

Date: _____

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle Initial)

List any alias names used i.e. maiden names, nicknames, etc. _____

Present Physical Address: _____
(City) (State) (Zip Code)

Present Mailing Address (if different than above): _____

County of Residence: _____ Place of Birth: _____

Home Telephone: (_____) _____ - _____ Business Telephone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____ E-Mail Address: _____

Are you willing to work shift work (nights, holidays, weekends, etc.)? ☐ Yes ☐ No

Do you object to wearing a uniform? ☐ Yes ☐ No Date available for employment: _____

For statistical purposes only (not required): Race: _____ Sex: _____

EDUCATION

Are you a high school graduate? ☐ Yes ☐ No *APPLICATION MUST INCLUDE COPY OF HS DIPLOMA & TRANSCRIPTS FROM ACCREDITED INSTITUTION!*

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

If not a high school graduate, do you have a GED? ☐ Yes ☐ No Date Completed: _____

*** APPLICATION MUST INCLUDE COPY OF GED FROM ACCREDITED INSTITUTION! ***

| School | Name and location of school (address) and dates attended | Degree Earned | Completed |
|----------------------------|--|---------------|------------|
| High School | | | 9 10 11 12 |
| Business/ Technical School | | | 1 2 3 4 |
| College | | | 1 2 3 4 |
| Graduate School | | | 1 2 3 4 |

Are you a graduate of a police mandate school or academy? ☐ Yes ☐ No If yes, location: _____

Note: To be considered for a Deputy Sheriff position you must be a Certified Law Enforcement Official.

GENERAL INFORMATION

| | | | | | |
|---|--|---|--|----------------------------|--|
| Have you ever been employed by or applied with the Gilmer County Sheriff's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes when? | | Department/Office | |
| How did you learn of this opening? (May not apply if no vacancies exist). | | | Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No MUST ATTACH CERTIFIED COPY OF BIRTH CERTIFICATE & SOCIAL SECURITY CARD! | | |
| Are you related to anyone currently employed by the Gilmer county Sheriff's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Relatives Name | | Relationship | |
| | | | | Department/Office | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> IF YES, ATTACH <u>SIGNED</u> FORM 180 AUTHORIZING GILMER COUNTY TO OBTAIN MILITARY RECORDS. FORM CAN BE DOWNLOADED FROM WEBSITE: www.archives.gov/research/order/standard-form-180.pdf | | | | | |
| From _____ to _____ | | Serial or Service Number _____ | | Branch of Service: _____ | |
| Discharge type: _____ | | MUST ATTACH DD-214 WITH APPLICATION! | | | |
| Are you now or have you ever been an inactive member of any branch of the U.S. Reserve Forces or National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of branch? | | | | | |
| Have you ever used marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Have you ever possessed, sold, manufactured, used or delivered illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Have you ever illegally possessed, sold, manufactured, used or delivered legal prescription medication? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If you answered yes to the above statements concerning drug use, answer the following questions: Used: <input type="checkbox"/> Possessed: <input type="checkbox"/> Sold: <input type="checkbox"/> Manufactured: <input type="checkbox"/> Delivered: <input type="checkbox"/> Type of Drug(s): _____ | | | | | |
| Last date used, possessed, sold, manufactured, delivered: _____ | | | | | |
| DRIVING HISTORY | | | | | |
| Do you have a valid Driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No MUST ATTACH COPY OF DL! | | Which State? | | Driver's License Number: | |
| | | | | Date of Expiration: | |
| Have you ever been licensed to drive in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If yes, indicate which state(s). | | | | Operator's License Number: | |
| Have you incurred any traffic charges within the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Do not include parking tickets. | | | | | |
| If yes, give date(s) and type of charges: _____ | | | | | |
| | | | | | |
| I hereby authorize the Department of Public Safety of Georgia, or any other authorized agency to whom this authorization may be presented, to release to the Gilmer County Sheriff's Office an abstract of my driving record for use in processing my employment application. | | | | | |
| Signature _____ | | | | Date _____ | |

PERSONAL REFERENCES

Please list five personal references. These are people you have known for at least 4 years that are not former employers, relatives, or people with whom you are living. ***YOU MUST PROVIDE COMPLETE INFORMATION!***

| | | | |
|----|------------|------------|------|
| 1. | Name | Address | |
| | Occupation | Phone Work | Home |
| 2. | Name | Address | |
| | Occupation | Phone Work | Home |
| 3. | Name | Address | |
| | Occupation | Phone Work | Home |
| 4. | Name | Address | |
| | Occupation | Phone Work | Home |
| 5. | Name | Address | |
| | Occupation | Phone Work | Home |

SKILLS AND TRAINING

List any special skills/training you have, that would be beneficial to this agency:

Are you able to perform all the duties listed in the job description? ☐ Yes ☐ No

If you answered no to the above, please explain what can be done to provide you with reasonable accommodations:

Explain in full detail why you want to become a deputy sheriff/communications officer/civilian employee of the Gilmer County Sheriff's Office. Attach an additional page if necessary, do not exceed 500 words.

[illegible]

APPLICANT'S STATEMENT/CONSENT WAIVER

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 false statements in this application may result in my dismissal at any time during my employment with the Gilmer County Sheriff's Office. I understand that any intentional false statement will result in the 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 \$1,000 plus imprisonment for not less than one, or more than five years or both. I further understand that any erroneous answers 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 my application will be terminated.

I hereby authorize the Gilmer 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 Gilmer County Sheriff's Office. I request that all records pertaining to my military service, to include undeleted DD214 forms be released to the Gilmer 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 Gilmer County Sheriff's Office in determining my qualification and fitness for the position I am seeking with this agency. I hereby release you, your 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 Gilmer 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's Printed Name: _____

Applicant's Social Security Number: _____ Applicant's 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_____.

Notary Public

My commission expires: _____

Applicant, please keep this for your information – do not return with your application.

BACKGROUND INVESTIGATION

Prior to being offered employment of any type with the Gilmer County Sheriff's Office, you will be required to pass an extensive background investigation.

Part of this investigation will include a drug screen, a medical/physical examination, a polygraph examination, a psychological screening, a criminal background check, driver's history check, employment history verification and references, interviews of known associates and neighbors (personal references), and verification of diplomas from accredited institutions and/or certificates.

POLYGRAPH

Following your interview, if presented with a conditional job offer, you will be asked to submit to a polygraph examination. Polygraph questions may come from any of the following areas of the application and background questionnaire, which is why it is very important that only YOU, the applicant, answer all of the questions on the application & background questionnaire!

1. Criminal history
2. Drug use
3. Driver's history
4. Work history
5. Alcohol use
6. Gambling
7. Honesty in filling out the application and background
8. Honesty in completing the background questionnaire

The preceding information was provided in compliance with CALEA standard 32.2.4

WARNING! To be completed ONLY by the applicant
A polygraph will be conducted to verify the answers!

OFFICE OF THE SHERIFF
GILMER COUNTY, GEORGIA

BACKGROUND INVESTIGATION
QUESTIONNAIRE

POSITION DESIRED: ☐ DEPUTY SHERIFF ☐ DETENTION OFFICER
☐ COMMUNICATIONS OFFICER ☐ CIVILIAN

PERSONAL HISTORY

1. NAME:

FIRST

MIDDLE

LAST

2. GIVE ANY OTHER NAMES YOU HAVE EVER USED OR BEEN KNOWN BY, INCLUDING NAMES ASSOCIATED WITH MARRIAGES:

3. HEIGHT: _____

4. WEIGHT: _____

5. EYE COLOR: _____

6. HAIR COLOR: _____

7. SSN: _____

8. DOB: _____

9. ADDRESS:

NUMBER

STREET

APT #

CITY

STATE

ZIP CODE

10. PLACE OF BIRTH:

CITY

COUNTY

STATE

11. ARE YOU A CITIZEN OF THE UNITED STATES:

☐ YES

☐ NO

NATURAL BORN:

☐ YES

☐ NO

NATURALIZED:

☐ YES

☐ NO

CERTIFICATE NUMBER:

12. LIST ALL ADDRESSES YOU HAVE USED OVER THE LAST 15 YEARS BEGINNING WITH THE MOST RECENT:

FROM

UNTIL

STREET ADDRESS

CITY

STATE

ZIP

13. LIST ALL ORGANIZATIONS, CLUBS AND ASSOCIATIONS WHICH YOU HAVE BEEN A MEMBER, OR WITH WHICH YOU ARE OR HAVE BEEN ASSOCIATED:

| NAME | ADDRESS | DATE OF MEMBERSHIP |
|------|---------|--------------------|
| NAME | ADDRESS | DATE OF MEMBERSHIP |
| NAME | ADDRESS | DATE OF MEMBERSHIP |
| NAME | ADDRESS | DATE OF MEMBERSHIP |

14. LIST YOUR SPECIAL SKILLS, ABILITIES AND HOBBIES, WHICH MAY BE BENEFICIAL TO THE SHERIFF'S OFFICE:

15. DO YOU TYPE: ☐ YES ☐ NO APPROXIMATE WORDS PER MINUTE: _____

16. LIST FIVE INDIVIDUALS AS REFERENCES WHO HAVE KNOWLEDGE OF YOU AND YOUR QUALIFICATIONS. EXCLUDE RELATIVES, FORMER EMPLOYERS AND ROOMATES:

| NAME | ADDRESS | PHONE NUMBER |
|------|---------|--------------|
| NAME | ADDRESS | PHONE NUMBER |
| NAME | ADDRESS | PHONE NUMBER |
| NAME | ADDRESS | PHONE NUMBER |
| NAME | ADDRESS | PHONE NUMBER |
| NAME | ADDRESS | PHONE NUMBER |

17. MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SPOUSE DECEASED

PRESENT SPOUSAL INFORMATION (IF MARRIED):

NAME: _____ DOB: _____

PLACE OF BIRTH: _____ SSN: _____

DATE OF MARRIAGE: _____ COUNTY OF MARRIAGE: _____

SPOUSES OCCUPATION: _____ SPOUSES EMPLOYER: _____

FORMER SPOUSAL INFORMATION (IF DIVORCED)

NAME: _____

CAUSE FOR DISSOLUTION OF MARRIAGE: _____

18. HAS ANY MEMBER OF YOUR FAMILY BEEN ARRESTED, CONVICTED, OR PLED GUILTY TO A FELONY OR MISDEMEANOR CRIME: ☐ YES ☐ NO * IF YES....

| NAME | ARRESTING AGENCY | DATE | DISPOSITION |
|------|------------------|------|-------------|
| NAME | ARRESTING AGENCY | DATE | DISPOSITION |
| NAME | ARRESTING AGENCY | DATE | DISPOSITION |

19. PLEASE LIST EVERY CHILD BORN TO YOU, ADOPTED BY YOU, AND ANY STEP CHILDREN SUPPORTED BY YOU:

| NAME | AGE | ADDRESS |
|------|-----|---------|
| NAME | AGE | ADDRESS |
| NAME | AGE | ADDRESS |
| NAME | AGE | ADDRESS |

20. OCGA 19-13-1 DEFINES FAMILY VIOLENCE AS THE OCCURRENCE OF ONE OR MORE OF THE FOLLOWING ACTS BETWEEN PAST OR PRESENT SPOUSES, PERSONS WHO ARE THE PARENTS OF THE SAME CHILD, PARENTS AND CHILDREN, STEPPARENTS AND STEPCHILDREN, FOSTER CHILDREN AND FOSTER PARENTS, OR OTHER PERSONS LIVING OR FORMERLY LIVING IN THE SAME HOUSEHOLD, ANY FELONY OR COMMISSION OF THE OFFENSES OF BATTERY, SIMPLE BATTERY, SIMPLE ASSAULT, ASSAULT, STALKING, CRIMINAL DAMAGE TO PROPERTY, UNLAWFUL RESTRAINT OR CRIMINAL TRESPASS.

HAVE YOU EVER ENGAGED IN AN ACT OF FAMILY VIOLENCE? ☐ YES ☐ NO

HAVE YOU EVER BEEN ACCUSED OF FAMILY VIOLENCE? ☐ YES ☐ NO

HAVE YOU EVER BEEN QUESTIONED BY LAW ENFORCEMENT REGARDING A FAMILY VIOLENCE INCIDENT? ☐ YES ☐ NO

HAVE YOU EVER BEEN SERVED WITH A TEMPORARY PROTECTIVE OR RESTRAINING ORDER BY THE COURTS? ☐ YES ☐ NO

21. CIRCLE THE NUMBER OF YEARS COMPLETED IN SCHOOL:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

22. ARE YOU A HIGH SCHOOL GRADUATE? ☐ YES ☐ NO YR GRADUATED : _____

NAME OF HIGH SCHOOL ADDRESS PHONE NUMBER, IF KNOWN
 APPLICATION MUST INCLUDE COPY OF HIGH SCHOOL DIPLOMA FROM ACCREDITED INSTITUTION

23. LIST ALL TECHNICAL TRAINING SCHOOLS, COLLEGES, ETC THAT YOU
ATTENDED BEYOND HIGH SCHOOL, WHETHER COMPLETED OR NOT:

| NAME OF SCHOOL | ADDRESS | DATES ATTENDED | DEGREE |
|----------------|---------|----------------|--------|
| NAME OF SCHOOL | ADDRESS | DATES ATTENDED | DEGREE |
| NAME OF SCHOOL | ADDRESS | DATES ATTENDED | DEGREE |
| NAME OF SCHOOL | ADDRESS | DATES ATTENDED | DEGREE |
| NAME OF SCHOOL | ADDRESS | DATES ATTENDED | DEGREE |

24. HAVE YOU EVER BEEN EXPELLED FROM SCHOOL? ☐ YES ☐ NO

25. HAVE YOU EVER ATTENDED MANDATE OR ANY TYPE OF ACADEMY FOR LAW
ENFORCEMENT TRAINING? ☐ YES ☐ NO IF YES:

| NAME OF SCHOOL/ACADEMY | ADDRESS | DATES ATTENDED | DEGREE |
|------------------------|---------|----------------|--------|
| NAME OF SCHOOL/ACADEMY | ADDRESS | DATES ATTENDED | DEGREE |

26. HAVE YOU EVER WORKED FOR GILMER COUNTY? ☐ YES ☐ NO

IF YES, WHERE AND WHEN? _____

27. HAVE YOU EVER APPLIED FOR A POSITION WITH GILMER COUNTY BEFORE?
☐ YES ☐ NO IF YES, WHERE AND WHEN? _____

28. ARE YOU NOW, OR HAVE YOU EVER BEEN RELATED TO ANY EMPLOYEE OF THE
GILMER COUNTY GOVERNMENT? ☐ YES ☐ NO

IF YES, PROVIDE DETAILS: _____

29. ARE YOU NOW, OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER,
PARTNER OR CORPORATE MEMBER? ☐ YES ☐ NO

IF YES, PROVIDE DETAILS: _____

30. HAVE YOU EVER BEEN REPRIMANDED FOR BEING LATE OR ABSENT? ☐ YES ☐ NO

IF YES, EXPLAIN: _____

31. HAVE YOU EVER BEEN REPRIMANDED BY A WORK SUPERVISOR? ☐ YES ☐ NO

IF YES, EXPLAIN: _____

32. HAVE YOU EVER HAD A DISAGREEMENT WITH PREVIOUS EMPLOYER(S) CONCERNING
JOB DUTIES/WORKING CONDITIONS: ☐ YES ☐ NO

33. HAVE YOU EVER BEEN FIRED OR PENALIZED BECAUSE OF A MOTOR VEHICLE
ACCIDENT? ☐ YES ☐ NO

34. CIRCLE THE NUMBER OF TIMES YOU HAVE BEEN TERMINATED, DISMISSED FROM EMPLOYMENT, OR ASKED TO RESIGN WITHIN THE LAST TEN YEARS:

0 1 2 3 4 5 6 7 8 9 10

IF ANY, EXPLAIN: _____

35. DO YOU HAVE EXPERIENCE WORKING VARYING OR ROTATING SHIFTS? ☐ YES ☐ NO
36. ARE YOU WILLING TO WORK VARYING OR ROTATING SHIFTS? ☐ YES ☐ NO
37. DO YOU OBJECT TO WEARING A UNIFORM? ☐ YES ☐ NO
38. IF APPLYING FOR A DEPUTY SHERIFF POSITION, AND IT BECAME NECESSARY IN THE PERFORMANCE OF YOUR DUTIES TO TAKE A HUMAN LIFE, WOULD YOU BE RELUCTANT TO DO SO BECAUSE OF RELIGIOUS OR OTHER BELIEFS? ☐ YES ☐ NO
39. PROVIDE THE NAMES OF FIVE PERSONS **NOT RELATED TO YOU**, WHO HAVE KNOWN YOU ON A PROFESSIONAL BASIS, SUCH AS EMPLOYERS, TEACHERS, OR FORMER SUPERVISORS. THESE INDIVIDUALS MAY BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES:

| NAME | ADDRESS | OCCUPATION | PHONE NUMBER |
|------|---------|------------|--------------|
| NAME | ADDRESS | OCCUPATION | PHONE NUMBER |
| NAME | ADDRESS | OCCUPATION | PHONE NUMBER |
| NAME | ADDRESS | OCCUPATION | PHONE NUMBER |
| NAME | ADDRESS | OCCUPATION | PHONE NUMBER |
| NAME | ADDRESS | OCCUPATION | PHONE NUMBER |

40. BEGINNING WITH THE MOST RECENT EMPLOYER, LIST ALL PREVIOUS EMPLOYMENT YOU HAVE HAD IN THE PAST TEN YEARS. IF APPLICABLE, INCLUDE MILITARY SERVICE IN THE PROPER TIME SEQUENCE AND TEMPORARY & PART TIME JOBS, REGARDLESS OF HOW LONG YOU WERE EMPLOYED. EXPLAIN ANY PERIODS OF UNEMPLOYMENT AND **INCLUDE ALL LAW ENFORCEMENT, REGARDLESS OF HOW LONG AGO.**

THE MOST RECENT ...

FROM: _____ TO: _____ YOUR TITLE: _____ SALARY: _____

EMPLOYER: _____ PHONE: _____

STREET ADDRESS: _____ C/S/Z _____

SUPERVISOR'S NAME & TITLE: _____

YOUR DUTIES: _____ REASON FOR LEAVING: _____

FROM:_____ TO:_____ YOUR TITLE:_____ SALARY:_____

EMPLOYER:_____ PHONE:_____

STREET ADDRESS:_____ C/S/Z_____

SUPERVISOR'S NAME & TITLE_____

YOUR DUTIES:_____ REASON FOR LEAVING:_____

FROM:_____ TO:_____ YOUR TITLE:_____ SALARY:_____

EMPLOYER:_____ PHONE:_____

STREET ADDRESS:_____ C/S/Z_____

SUPERVISOR'S NAME & TITLE_____

YOUR DUTIES:_____ REASON FOR LEAVING:_____

FROM:_____ TO:_____ YOUR TITLE:_____ SALARY:_____

EMPLOYER:_____ PHONE:_____

STREET ADDRESS:_____ C/S/Z_____

SUPERVISOR'S NAME & TITLE_____

YOUR DUTIES:_____ REASON FOR LEAVING:_____

FROM:_____ TO:_____ YOUR TITLE:_____ SALARY:_____

EMPLOYER:_____ PHONE:_____

STREET ADDRESS:_____ C/S/Z_____

SUPERVISOR'S NAME & TITLE_____

YOUR DUTIES:_____ REASON FOR LEAVING:_____

FROM:_____ TO:_____ YOUR TITLE:_____ SALARY:_____

EMPLOYER:_____ PHONE:_____

STREET ADDRESS:_____ C/S/Z_____

SUPERVISOR'S NAME & TITLE_____

YOUR DUTIES:_____ REASON FOR LEAVING:_____

FROM:_____ TO:_____ YOUR TITLE:_____ SALARY:_____

EMPLOYER:_____ PHONE:_____

STREET ADDRESS:_____ C/S/Z_____

SUPERVISOR'S NAME & TITLE_____

YOUR DUTIES:_____ REASON FOR LEAVING:_____

USE SEPARATE SHEET OF PAPER IF MORE PAST EMPLOYERS

44. DO YOU OWE MONEY TO YOUR PREVIOUS EMPLOYERS OR WORK ASSOCIATES?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

45. IF PRIOR LAW ENFORCEMENT, ARE YOU BOUND TO A CONTRACT FOR ANY TRAINING YOU MAY HAVE RECEIVED FROM YOUR PREVIOUS EMPLOYER?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

46. PLEASE LIST ALL YOUR MONTHLY PAYMENTS, TO INCLUDE HOUSING, UTILITIES, CHILD SUPPORT/ALIMONY, ALL CREDITORS, ETC. ATTACH EXTRA PAPER IF NECESSARY:

[illegible]

47. ARE YOU DELINQUENT ON ANY PAYMENTS OR DEBTS? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

48. DO YOU OWN OR ARE YOU BUYING REAL ESTATE? ☐ YES ☐ NO

49. HAVE YOU EVER FILED BANKRUPTCY, CHAPTERS 7, 11 OR 13? ☐ YES ☐ NO

50. WHAT IS YOUR TOTAL INDEBTEDNESS (NOT INCLUDING LIVING EXPENSES)? \$_____

51. HAVE YOUR CREDITORS TREATED YOU FAIRLY? ☐ YES ☐ NO

52. WHAT IS THE APPROXIMATE AMOUNT OF YOUR MONTHLY LIVING EXPENSES? \$ _____

53. ARE YOU UNDER A COURT ORDER TO MAKE PAYMENTS TO ANY PERSON, ENTITY, CORPORATION, ETC? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE DETAILS INCLUDING TO WHOM PAYMENT(S) ARE MADE,
INCLUDING COMPLETE ADDRESS AND TELEPHONE NUMBER: (ATTACH SEPARATE
SHEET OF PAPER IF NECESSARY)

54. DO YOU GAMBLE? ☐ YES ☐ NO
IF YES, PLEASE EXPLAIN: _____

55. DO YOU HAVE GAMBLING DEBTS? ☐ YES ☐ NO IF YES, AMOUNT: \$ _____

56. HAVE YOU EVER SERVED IN ANY BRANCH OF THE UNITED STATES ARMED FORCES,
INCLUDING THE RESERVES OR NATIONAL GUARD? ☐ YES ☐ NO

BRANCH OF SERVICE: _____

HIGHEST RANK HELD: _____

MEDALS OR DECORATIONS: _____

DISCHARGE TYPE: _____ (APPLICATION MUST
INCLUDE COPY OF DD214)

DATE AND LOCATION OF DISCHARGE: _____

NAME, ADDRESS & TELEPHONE NUMBER OF 1st SERGEANT:

Name

Address

Telephone Number(s)

57. PERIOD OR PERIODS OF MILITARY SERVICE:

FROM TO RANK OR RATING

FROM TO RANK OR RATING

FROM TO RANK OR RATING

58. HAVE YOU EVER RECEIVED ANY TYPE OF DISCIPLINARY ACTION (ARTICLE 15, COURT
MARTIAL, CAPTAINS MAST, ETC), WHILE IN THE MILITARY: ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

59. DO YOU DRINK ALCOHOLIC BEVERAGES? ☐ YES ☐ NO

60. HAVE YOU EVER LOST A JOB DUE TO A DRINKING PROBLEM? ☐ YES ☐ NO

61. HAVE YOU EVER BEEN COUNSELED BY AN EMPLOYER BECAUSE OF YOUR DRINKING
HABITS: ☐ YES ☐ NO

62. HAVE YOU EVER CALLED IN SICK BECAUSE OF A HANGOVER? ☐ YES ☐ NO
63. HAVE YOU EVER CALLED IN SICK BECAUSE YOU WERE INTOXICATED OR HAD BEEN DRINKING? ☐ YES ☐ NO
64. DURING THE LAST TEN YEARS, HAVE YOU USED ALCOHOL DURING WORK HOURS, INCLUDING LUNCH AND/OR BREAKS? ☐ YES ☐ NO
65. HAVE YOU EVER COMMITTED AN ALCOHOL RELATED OFFENSE: ☐ YES ☐ NO
IF YES, PLEASE EXPLAIN: _____
66. HAVE YOU EVER BEEN ARRESTED BECAUSE OF DRINKING? ☐ YES ☐ NO
IF YES, PLEASE EXPLAIN: _____
67. HAVE YOU EVER HELD A JOB WHERE ALCOHOL USE WAS COMMON PRACTICE?
☐ YES ☐ NO
IF YES, PLEASE EXPLAIN: _____
68. HAVE YOU EVER HAD ANY TROUBLE WITH YOUR SPOUSE DUE TO THE USE OF ALCOHOL? ☐ YES ☐ NO
IF YES, PLEASE EXPLAIN: _____
69. HAVE YOU EVER BEEN FIRED OR PENALIZED BECAUSE OF DRINKING? ☐ YES ☐ NO
IF YES, PLEASE EXPLAIN: _____
70. HAVE YOU EVER SOLD, POSSESSED OR DELIVERED ILLEGAL DRUGS? ☐ YES ☐ NO
71. HAVE YOU EVER TRIED OR USED MARIJUANA? ☐ YES ☐ NO
72. HAVE YOU EVER USED ANY OTHER ILLEGAL DRUGS, PILLS, ETC? ☐ YES ☐ NO
73. DURING THE PAST 10 YEARS, HAVE YOU EVER USED MARIJUANA OR OTHER ILLEGAL DRUGS DURING WORK HOURS? ☐ YES ☐ NO
74. HAVE YOU EVER OVERDOSED ON ILLEGAL DRUGS? ☐ YES ☐ NO
75. HAVE YOU EVER ILLEGALLY USED SOMEONE ELSE'S PRESCRIPTION? ☐ YES ☐ NO
76. HAVE YOU EVER GROWN OR PARTICIPATED IN GROWING MARIJUANA?
☐ YES ☐ NO
77. HAVE YOU EVER MANUFACTURED OR PARTICIPATED IN THE MANUFACTURE OF ANY TYPE OF ILLEGAL DRUGS? ☐ YES ☐ NO
78. HAVE YOU EVER INTENTIONALLY TRANSPORTED ILLEGAL DRUGS? ☐ YES ☐ NO
79. HAVE YOU EVER FORGED, STOLEN, BOUGHT OR SOLD A PRESCRIPTION DRUG? ☐ YES ☐ NO
80. HAVE YOU EVER SET UP A DRUG BUY FOR YOURSELF OR SOMEONE ELSE?
☐ YES ☐ NO
81. HAVE YOU EVER POSSESSED OR ATTEMPTED TO PASS A FORGED PRESCRIPTION?
☐ YES ☐ NO

82. HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR A DRUG VIOLATION?
☐ YES ☐ NO
83. HAVE YOU EVER STOLEN DRUGS FROM ANYONE? ☐ YES ☐ NO
84. HAVE YOU EVER SOLD ANY SUBSTANCE WHICH YOU PURPORTED OR CLAIMED TO BE AN ILLEGAL DRUG? ☐ YES ☐ NO
85. WHICH OF THE FOLLOWING DRUGS HAVE YOU EVER USED, IF ANY? CIRCLE THEM AND THEN PROVIDE A BRIEF DESCRIPTION OF THE LAST DATE USED (AS CLOSE TO THE MONTH AND YEAR AS POSSIBLE) WHETHER YOU SOLD, PURCHASED OR POSSESSED IT, AND THE AGE YOU WERE AT THE TIME.

| | | | | | |
|--------------|----------------|-------------------|------------|---------------|---------------|
| HEROINE | BLUES | CALF. TURNAROUNDS | OPIUM | TEES | PEYOTE |
| MORPHINE | YELLOW JACKETS | MESCALINE | COCAINE | BEAUTIES | HASHISH |
| LSL | RJS | HASH OIL | ANGEL DUST | PHENOBARBITAL | DRAGON |
| COKE | NEMBUTAL | TALWIN | CLOUD | SECONAL | CRANK |
| SNOW | REDS | CRACK | SNORT | GLUE | THAI STICK |
| PCP | PRELLUDIN | THC | ACID | LUDES | PSILOCYBIN |
| VALIUM | QUAALUDE | TALWIN/PZB | CODEINE | AS'S | AMPHETAMINES |
| DILADID | EQUANIL | BARBITUATES | PERCODAN | LIBRIUM | METHADONE |
| SPECKLE BIRD | OXYCODON | MDA | TYLOX | MEPERIDINE | UPPERS |
| DEMEROL | BENZEDRINE | DOWNERSBENNIES | ECSTASY | SPEED | WHITE CROSSES |
| DEXEDRINE | BIPHETAMINES | SOPEAS | MARIJUANA | STP-ROOFIES | |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

86. HAVE YOU EVER WORKED IN A CRIMINAL JUSTICE OR LAW ENFORCEMENT POSITION? ☐ YES ☐ NO

If you answered "NO", then move on to the next page.

THE REMAINING QUESTIONS ON THIS PAGE ARE FOR PRIOR CRIMINAL JUSTICE OR LAW ENFORCEMENT APPLICANTS ONLY. IF YOU ANSWER YES TO ANY QUESTION, YOU MUST PROVIDE AN EXPLANATION IN THE SPACE PROVIDED AT THE END OF THIS SECTION.

87. HAVE YOU EVER ACCEPTED A PAYOFF? ☐ YES ☐ NO

88. HAVE YOU EVER STOLEN ANYTHING FROM ANYONE YOU ARRESTED? ☐ YES ☐ NO

89. HAVE YOU EVER KEPT THE PROPERTY OF ANYONE YOU ARRESTED? ☐ YES ☐ NO

90. HAVE YOU EVER STOLEN ANYTHING AT THE SCENE OF A BURGLARY? ☐ YES ☐ NO

91. HAVE YOU EVER CARRIED A THROW DOWN WEAPON? ☐ YES ☐ NO

92. HAVE YOU EVER UNLAWFULLY ENTERED A BUSINESS OR RESIDENCE? ☐ YES ☐ NO

93. HAVE YOU EVER FALSIFIED AN EXPENSE VOUCHER? ☐ YES ☐ NO

94. HAVE YOU EVER STOLEN ANYTHING FROM A MOTOR VEHICLE THAT YOU HAD TOWED? ☐ YES ☐ NO

95. HAVE YOU EVER RECEIVED ANY TYPE OF GRATUITY FOR DROPPING A CASE OR DISPOSING OF AN ARREST OR TRAFFIC CITATION? ☐ YES ☐ NO

96. HAVE YOU EVER ILLEGALLY TAMPERED WITH EVIDENCE? ☐ YES ☐ NO

97. HAVE YOU EVER KEPT FOR PERSONAL USE OR FOR RESALE ANY ILLEGAL DRUGS TAKEN FROM SOMEONE ELSE WHO HAD BEEN ARRESTED OR DETAINED?
☐ YES ☐ NO

98. HAVE YOU EVER ILLEGALLY DESTROYED A FILE, COMPUTER ENTRY, OR OFFICIAL REPORT? ☐ YES ☐ NO

99. HAVE YOU EVER ILLEGALLY PLANTED EVIDENCE? ☐ YES ☐ NO

100. WERE YOU EVER SUSPENDED WITHOUT PAY FROM YOUR JOB? ☐ YES ☐ NO

101. HAVE YOU EVER TIPPED OFF A FRIEND, ACQUAINTANCE OR ANY OTHER PERSON ABOUT AN ACTIVE INVESTIGATION INVOLVING THEM? ☐ YES ☐ NO

102. HAVE YOU EVER COVERED UP A CRIMINAL CASE? ☐ YES ☐ NO

103. SINCE YOU WERE FIRST EMPLOYED IN CRIMINAL JUSTICE, HAVE YOU USED MARIJUANA, COCAINE OR ANY OTHER ILLEGAL DRUG? ☐ YES ☐ NO

104. HAVE YOU EVER STOLEN ANYTHING FROM A CRIME SCENE? ☐ YES ☐ NO

105. HAVE YOU EVER BEEN A PARTY TO A LAW SUIT AS A RESULT OF YOUR ACTIONS IN THE PERFORMANCE OF YOUR JOB? ☐ YES ☐ NO

DURING THIS SECTION, YOU WILL BE ASKED QUESTIONS REGARDING INVOLVEMENT IN CRIMINAL ACTIVITY. IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN IN DETAIL YOUR ACTIVITY. PROVIDE FULL DETAILS INCLUDING WHO, WHAT, WHERE, WHEN, AND HOW. USE EXTRA PAPER IF NEEDED.

106. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME? ☐ YES ☐ NO

107. HAVE YOU EVER PLED GUILTY OR NOLO CONTENDERE TO A CRIME?
☐ YES ☐ NO

108. HAVE YOU EVER RECEIVED A SENTENCE? ☐ YES ☐ NO

109. HAVE YOU EVER BEEN:

| | | | |
|--|--|---------------------------|--|
| SENTENCED TO INCARCERATION | <input type="checkbox"/> YES <input type="checkbox"/> NO | PLACED IN A POLICE LINEUP | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PLACED IN A HOLDING CELL | <input type="checkbox"/> YES <input type="checkbox"/> NO | PLACED ON PROBATION | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PLACED IN TRAINING SCHOOL | <input type="checkbox"/> YES <input type="checkbox"/> NO | PLACED IN JAIL | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PLACED IN A MILITARY STOCKADE | <input type="checkbox"/> YES <input type="checkbox"/> NO | PLACED ON PAROLE | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| QUESTIONED AS A SUSPECT OF A CRIME BY THE POLICE | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

110. HAVE YOU EVER STOLEN MONEY FROM AN EMPLOYER? ☐ YES ☐ NO

111. HAVE YOU EVER STOLEN ANYTHING FROM AN EMPLOYER? ☐ YES ☐ NO

112. HAVE YOU EVER STOLEN ANYTHING FROM A FELLOW EMPLOYEE? ☐ YES ☐ NO

113. HAVE YOU DELIBERATELY DESTROYED PROPERTY OF AN EMPLOYER?
☐ YES ☐ NO

114. HAVE YOU DELIBERATELY SHORT CHANGED A CUSTOMER? ☐ YES ☐ NO

115. AFTER REACHING YOUR 17TH BIRTHDAY, HAVE YOU EVER STOLEN ANYTHING FROM A STORE? ☐ YES ☐ NO

116. HAVE YOU EVER ALTERED A PRICE TAG? ☐ YES ☐ NO

117. HAVE YOU EVER FORGED A CHECK? ☐ YES ☐ NO

118. HAVE YOU EVER STOLEN ANYTHING FROM A VEHICLE? ☐ YES ☐ NO

119. HAVE YOU EVER INTENTIONALLY WRITTEN A BAD CHECK? ☐ YES ☐ NO

120. HAVE YOU EVER ACTED AS A LOOKOUT SO THAT SOMEONE ELSE COULD COMMIT A CRIMINAL ACT? ☐ YES ☐ NO

121. ARE YOU A FUGITIVE FROM JUSTICE? ☐ YES ☐ NO

122. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST OR SUBVERSIVE OR THAT SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY ANY OTHER PERSON THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR THAT SEEKS TO ALTER THE FORM OR GOVERNMENT OF THE UNITED STATES BY ANY UNCONSTITUTIONAL MEANS? ☐ YES ☐ NO

123. HAVE YOU EVER COMMITTED AN UNDETECTED CRIME? ☐ YES ☐ NO

124. HAVE YOU EVER BEEN TURNED DOWN BY A BONDING COMPANY? ☐ YES ☐ NO

125. DID YOU EVER INTENTIONALLY PERJURE YOURSELF IN A COURT OF LAW?
☐ YES ☐ NO

126. ARE YOU INVOLVED IN ANY KIND OF LAW SUIT? ☐ YES ☐ NO

127. HAVE YOU EVER FRAUDULENTLY MISUSED A CREDIT CARD? ☐ YES ☐ NO

128. ARE YOU BEING PAID BY ANY PERSON TO SEEK EMPLOYMENT WITH THIS AGENCY OR PROMISED ANY PAYMENT SHOULD YOU SUCCEED IN OBTAINING EMPLOYMENT WITH THE GILMER COUNTY SHERIFF'S OFFICE? ☐ YES ☐ NO

THE FOLLOWING ARE OFFENSES WHICH HAVE BEEN ESTABLISHED BY THE STATE OF GEORGIA AS PROSECUTABLE UNDER THE CRIMINAL CODE OF THE STATE OF GEORGIA.

CIRCLE ANY OFFENSES/CRIMES THAT YOU MAY HAVE COMMITTED, WHETHER THEY ARE OR WERE KNOWN TO THE JUDICIAL SYSTEM(S).

IF YOU HAVE ANY QUESTIONS CONCERNING WHETHER OR NOT YOU HAVE COMMITTED THESE ACTS, LEAVE IT BLANK AND ASK TO SPEAK TO A BACKGROUND INVESTIGATOR ABOUT THE INCIDENT.

IF YOU CIRCLE AN OFFENSE, PROVIDE EXPLANATION IN THE SPACE PROVIDED AT THE END OF THIS SECTION. ATTACH ADDITIONAL PAGES IF NECESSARY. DETAILS MUST INCLUDE WHO, WHAT, WHERE, WHEN AND HOW.

- | | |
|--|---|
| 1. AGGRAVATED ASSAULT | 2. FETICIDE |
| 3. AGGRAVATED BATTERY | 4. FORGERY |
| 5. AGGRAVATED SODOMY | 6. FRAUD |
| 7. ARMED ROBBERY | 8. GAMBLING |
| 9. ARSON | 10. GIVING FALSE INFORMATION |
| 11. ATTEMPTING TO ELUDE AN OFFICER | 12. HIJACKING |
| 13. BESTIALITY | 14. HINDERING APPREHENSION OF A CRIMINAL |
| 15. BIGAMY | 16. ILLEGAL USE OF CREDIT CARD |
| 17. BRIBERY | 18. IMPERSONATING A PEACE OFFICER |
| 19. BURGLARY | 20. INCITING AN INSURRECTION |
| 21. CARRYING A PISTOL WITHOUT A LICENSE | 22. INFLUENCING WITNESSES |
| 23. CHILD MOLESTATION | 24. INTERFERENCE WITH CUSTODY |
| 25. CONCEALING A DEATH | 26. INTERFERENCE WITH GOVT. PROPERTY |
| 27. CONSPIRACY | 28. INVOLUNTARY MANSLAUGHTER |
| 29. CONTRIBUTING TO THE DELINQUENCY OF A MINOR | 30. ISSUANCE OF BAD CHECKS |
| 31. CRIMINAL DAMAGE TO PROPERTY | 32. KIDNAPPING |
| 33. CRIMINAL POSSESSION OF EXPLOSIVES | 34. MANUFACTURING OR IMPORTING ILLEGAL DRUGS |
| 35. CRIMINAL POSSESSION OF INCENDIARY | 36. MASTURBATION FOR HIRE |
| 37. CRIMINAL SOLICITATION | 38. MURDER |
| 39. CRUELTY TO CHILDREN | 40. NECROPHILIA |
| 41. DRIVING UNDER THE INFLUENCE | 42. OBSTRUCTION OF AN OFFICER |
| 43. EAVESDROPPING | 44. PANDERING |
| 45. EMBRACERY | 46. PEEPING TOM |
| 47. ESCAPE | 48. PERJURY |
| 49. FALSE IMPRISONMENT | 50. PIMPING |
| 51. FALSE REPORT OF A CRIME | 52. POSSESSION OF UNLAWFUL WEAPON |
| 53. EAVESDROPPING | 54. POSSESSION OR SALE OF ILLEGAL DRUGS OR SUBSTANCES |
| 55. FALSE SWEARING | |

THE FOLLOWING SECTION DEALS WITH YOUR CURRENT AND PRIOR DRIVING RECORD. USE FULL DISCLOSURE REGARDING YOUR DRIVING HISTORY REGARDLESS OF THE TYPE OF INCIDENT AND / OR THE TIME SPAN SINCE THE INCIDENT TOOK PLACE. ASSUME THAT ALL RECORDS WILL BE AVAILABLE TO THIS AGENCY REGARDING YOUR DRIVERS HISTORY. EXPLAIN ANY ANSWERS THAT NEED CLARIFICATION IN THE SPACE AT THE END OF THIS SECTION

129. DO YOU HAVE A CURRENT, VALID DRIVERS LICENSE? ☐ YES ☐ NO

LICENSE NUMBER: _____ STATE OF ISSUE: _____

TYPE: _____

RESTRICTIONS: _____ EXPIRATION DATE: _____

130. LIST BELOW ALL TRAFFIC CITATIONS YOU HAVE EVER RECEIVED, EXCLUDING PARKING VIOLATIONS:

| LOCATION | APPROXIMATE DATE | VIOLATION TYPE | DISPOSITION |
|----------|------------------|----------------|-------------|
|----------|------------------|----------------|-------------|

| LOCATION | APPROXIMATE DATE | VIOLATION TYPE | DISPOSITION |
|----------|------------------|----------------|-------------|
|----------|------------------|----------------|-------------|

| LOCATION | APPROXIMATE DATE | VIOLATION TYPE | DISPOSITION |
|----------|------------------|----------------|-------------|
|----------|------------------|----------------|-------------|

| LOCATION | APPROXIMATE DATE | VIOLATION TYPE | DISPOSITION |
|----------|------------------|----------------|-------------|
|----------|------------------|----------------|-------------|

| LOCATION | APPROXIMATE DATE | VIOLATION TYPE | DISPOSITION |
|----------|------------------|----------------|-------------|
|----------|------------------|----------------|-------------|

131. HAVE YOU EVER POSSESSED AN OPERATORS LICENSE WITH A LICENSE NUMBER DIFFERENT FROM THE ONE LISTED ABOVE? ☐ YES ☐ NO

LICENSE NUMBER: _____ STATE OF ISSUE: _____

TYPE: _____

RESTRICTIONS: _____ EXPIRATION DATE: _____

132. HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? ☐ YES ☐ NO

133. HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE BY ANY STATE?
☐ YES ☐ NO

134. DO YOU HAVE LIABILITY INSURANCE AT THE PRESENT TIME? ☐ YES ☐ NO

135. HAS YOUR INSURANCE EVER BEEN CANCELLED? ☐ YES ☐ NO

136. HAVE YOU EVER OBTAINED A LICENSE UNDER AN ASSUMED NAME? ☐ YES ☐ NO

137. HAVE YOU EVER HAD ANY HIT AND RUN ACCIDENTS? ☐ YES ☐ NO

138. HAVE YOU EVER LEFT THE SCENE OF AN ACCIDENT WITHOUT GIVING ASSISTANCE?
☐ YES ☐ NO

139. HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT? ☐ YES ☐ NO

140. HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE?
☐ YES ☐ NO

DETAILS CONCERNING DRIVING HISTORY (from page B-14)This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

AFFIDAVIT OF APPLICANT

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND ALL QUESTIONS AND INSTRUCTIONS ON THIS QUESTIONNAIRE, AND I UNDERSTAND THAT EVEN IF SOMEONE ELSE COMPLETED THIS APPLICATION FOR ME, I HAVE VERIFIED THAT ALL OF MY ANSWERS ARE TRUE AND COMPLETE.

I UNDERSTAND THAT ANY UNTRUTHFUL MISSTATEMENT OF MATERIAL FACT WILL RESULT IN:

- ❖ DISQUALIFICATION OF MY APPLICATION OR DISMISSAL FROM EMPLOYMENT WITH THE GILMER COUNTY SHERIFF'S OFFICE
- ❖ PROSECUTION FOR THE OFFENSE OF FALSE SWEARING (OCGA 16-10-71), A FELONY PUNISHABLE BY A MAXIMUM FINE OF \$1,000.00 PLUS IMPRISONMENT FOR NOT LESS THAN ONE NOR MORE THAN THREE YEARS, OR BOTH.

APPLICANT SIGNATURE

DATE

STATE OF GEORGIA – COUNTY OF

BEFORE ME PERSONALLY 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 AND SUBSCRIBED TO ME THIS _____ DAY OF _____
IN THE YEAR _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____