



Oglethorpe County
APPLICATION FOR EMPLOYMENT
 SHERIFF'S OFFICE/ JAIL/ COMMUNICATIONS
 THANK YOU FOR YOUR APPLICATION
 INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

THIS ORGANIZATION IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, SEX, AGE, HANDICAP, OR NATIONAL ORIGIN. A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY WILL AID US IN DETERMINING THE POSITION FOR WHICH YOU ARE BEST QUALIFIED. OGLETHORPE COUNTY HAS A DRUG FREE WORK ENVIRONMENT AND DOES HAVE A POLICY FOR RANDOM DRUG TESTING OF ALL EMPLOYEES.

PERSONAL

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ ALTERNATE #: _____

POSITION APPLYING FOR: _____

SALARY DESIRED: \$ _____ PER _____ YEAR _____ HOUR

DO YOU HAVE ANY PHYSICAL CONDITIONS WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING? ___NO ___YES IF YES, PLEASE DESCRIBE ANY ACCOMODATIONS YOU MAY REQUIRE: _____

ARE YOU AVAILABLE FOR: ___FULL-TIME ___PART-TIME ___DAY ___NIGHT ___WEEKENDS

WILL YOU WORK (YES OR NO) _____ SHIFTS _____ ROTATING HOURS _____ MANDATORY OVERTIME

IF YOUR APPLICATION IS CONSIDERED FAVORABLY, ON WHICH DATE WILL YOU BE AVAILABLE FOR WORK?

HAVE YOU EVER BEEN EMPLOYED BY OGLETHORPE COUNTY? ___YES ___NO IF YES, WHEN: _____ WHAT DEPARTMENT: _____

EDUCATION

| <u>SCHOOL</u> | <u>NAME AND ADDRESS OF SCHOOL</u> | <u>DATES ATTENDED</u> | <u>DEGREES RECEIVED</u> |
|---------------|-----------------------------------|-----------------------|-------------------------|
|---------------|-----------------------------------|-----------------------|-------------------------|

| | | | |
|-------------|-------|-------|-------|
| HIGH SCHOOL | _____ | _____ | _____ |
|-------------|-------|-------|-------|

| | | | |
|---------|-------|-------|-------|
| COLLEGE | _____ | _____ | _____ |
|---------|-------|-------|-------|

| | | | |
|-------|-------|-------|-------|
| OTHER | _____ | _____ | _____ |
|-------|-------|-------|-------|

POST Certified _____ If yes, O-Key number _____ Date of Graduation _____

Attach printed transcript of your POST Training Record if you are certified.

HAVE YOU RECEIVED SPECIAL TRAINING IN THE MILITARY OR OTHER SPECIAL SERVICE WHICH YOU FEEL WOULD BENEFIT YOU ON THE JOB FOR WHICH YOU ARE APPLYING? ___NO ___YES IF YES, PLEASE EXPLAIN: _____

EMPLOYMENT RECORD

1. NAME OF EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ NAME/TITLE OF SUPERVISOR: _____
POSITION TITLE: _____
STARTING SALARY:\$ _____ ENDING SALARY _____

TYPE OF WORK/MAJOR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

2. NAME OF EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ NAME/TITLE OF SUPERVISOR: _____
POSITION TITLE: _____
STARTING SALARY:\$ _____ ENDING SALARY:\$ _____

TYPE OF WORK/MAJOR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

3. NAME OF EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ NAME/TITLE OF SUPERVISOR: _____
POSITION TITLE: _____
STARTING SALARY:\$ _____ ENDING SALARY:\$ _____

TYPE OF WORK/MAJOR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

4. NAME OF EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ NAME/TITLE OF SUPERVISOR: _____
POSITION TITLE: _____
STARTING SALARY:\$ _____ ENDING SALARY:\$ _____

TYPE OF WORK/MAJOR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

5. NAME OF EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ NAME/TITLE OF SUPERVISOR: _____
POSITION TITLE: _____
STARTING SALARY:\$ _____ YEARLY ENDING SALARY:\$ _____ YEARLY

TYPE OF WORK/MAJOR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS: THE REQUESTED INFORMATION IS NEEDED FOR NATIONAL SECURITY LAWS, A BONA FIDE OCCUPATIONAL QUALIFICATION, BUSINESS NECESSITY OR OTHER LEGALLY PERMISSIBLE REASONS:

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? _____ (If less than three years please provide additional residence information to cover the last five years)

PREVIOUS ADDRESS: _____

PREVIOUS ADDRESS: _____

SEX: ___ MALE ___ FEMALE HAVE YOU EVER BEEN BONDED? ___ NO ___ YES

IF YES, ON WHAT JOB(S)? _____

DO YOU HAVE ANY RELATIVES WORKING FOR OGLETHORPE COUNTY? ___ NO ___ YES

IF YES, PLEASE LIST: _____

DO YOU HAVE A VALID STATE OF GEORGIA DRIVER'S LICENSE? ___ NO ___ YES

DL#: _____ EXPIRATION DATE: _____

DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE? ___ NO ___ YES

DL#: _____ EXPIRATION DATE: _____

PLEASE LIST EMERGENCY CONTACT: _____

EMERGENCY CONTACT NUMBER: _____ RELATIONSHIP: _____

LIST THREE CHARACTER REFERENCES:

| <u>NAME</u> | <u>ADDRESS</u> | <u>PHONE NUMBER</u> | <u>TIME KNOWN</u> |
|-------------|----------------|---------------------|-------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

HAVE YOU EVER BEEN ARRESTED: YES: _____ NO: _____ IF YES PLEASE PROVIDE A BRIEF EXPLANATION.

DECLARATION OF APPLICANT:

MY SIGNATURE BELOW CERTIFIES THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR FALSIFICATIONS IN ANY OF THE INFORMATION ON THIS APPLICATION. I AUTHORIZE INVESTIGATION OF ALL MY STATEMENTS ON THIS APPLICATION AND I UNDERSTAND THAT SHOULD AN INVESTIGATION DISCLOSE ANY MISREPRESENTATION OR FALSIFICATION, MY APPLICATION WILL BE REJECTED, OR IF ALREADY EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED.

SIGNATURE OF APPLICANT

DATE

CONSENT FORM

I HEREBY AUTHORIZE THE OGLETHORPE COUNTY SHERIFF'S OFFICE TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

FULL NAME PRINTED

ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SEX

RACE

SIGNATURE

DATE

**DEPARTMENT OF PUBLIC SAFETY
REQUEST FOR MOTOR VEHICLE REPORT**

CHECK TYPE SERVICE DESIRED

() RECORD COVERING PAST THREE YEARS

() SEVEN YEARS RECORD

REQUESTOR: OGLETHORPE COUNTY SHERIFF'S OFFICE
 115 BUDDY FAUST RD
 CRAWFORD, GA 30630

LICENSEE:

 LAST FIRST MAIDEN MIDDLE

 DOB: MO DAY YR DRIVER'S LICENSE NUMBER

 STREET ADDRESS

 CITY AND STATE ZIP CODE

RECORDS CHECK FOR EMPLOYMENT

IN ACCORDANCE WITH GEORGIA LAWS 40-5-2, I DO HEREBY AUTHORIZE OGLETHORPE COUNTY SHERIFF'S OFFICE TO PROCURE A COPY OF MY DRIVER'S LICENSE HISTORY.

LICENSEE: _____
 SIGNATURE (MUST BE NOTARIZED)

REQUESTOR: _____
 SIGNATURE

NOTARY: _____
 SIGNATURE AND SEAL

Explanation of Application Process for Sheriff's Office/ Jail / Communications

THE EMPLOYMENT PROCESS FOR A JOB AT THE OGLETHORPE COUNTY SHERIFF'S OFFICE IN FIELD OPERATIONS, THE JAIL OR IN COMMUNICATIONS IS AS FOLLOWS:

- COMPLETE APPLICATION FORM AND RETURN IT TO THE BOARD OF COMMISSIONER'S OFFICE
 - BACKGROUND CHECKS COMPLETED
 - RECORDS WILL OBTAINED AND REVIEWED
- APPLICANT WILL BE SET UP FOR AN INTERVIEW WITH A PANEL TO INCLUDE MEMBERS OF THE SHERIFF'S OFFICE AND ANY OTHER MEMBERS DESIGNATED
- APPLICANT WILL BE DRUG TESTED
- APPLICANT WILL PARTICIPATE IN A PERIOD OF WORK OBSERVANCE OR RIDE ALONG FOR THE POSITION THEY ARE APPLYING FOR
- APPLICANT WILL SUBMIT TO PSYCHOLOGICAL TEST
- APPLICANT WILL TENDER A LETTER OF PHYSICAL HEALTH FROM THEIR PHYSICIAN
- FINAL INTERVIEW WITH SHERIFF
- EMPLOYMENT WILL BE OFFERED OR DENIED

AT EACH POINT IN THE PROCESS, THE APPLICANT CAN BE DENIED.