



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>
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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

## Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a 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, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

## Privacy Act Statement

*This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principle Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

**Applicant Privacy Rights  
Notification Signature Form**

**Applicant Notification and Record Challenge:**

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

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Signature

Print Name

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.