

Lumpkin County Sheriff's Office  
Employment Application  
Index

<u>Page</u>	<u>Form</u>
1	Information & Instruction
2-3	County Government Application
4	Sheriff's Office Questionnaire
5	Liability Release
6	Personal Inquiry Waiver
7	Driver's History Consent
8	Criminal History Consent
9-15	Pre-employment Questionnaire

Please detach this sheet from the application and keep for further reference.

**LUMPKIN COUNTY SHERIFF'S OFFICE  
EQUAL OPPORTUNITY EMPLOYERS  
APPLICATION INFORMATION FORM SO-I**

TO: APPLICANT FOR THE LUMPKIN COUNTY SHERIFF'S OFFICE POSITION.

Attached is an application for employment with the Lumpkin County Sheriff's Office. You must be at least 21 years of age and meet certain standards to be considered for employment as a Deputy Sheriff. You must be at least 18 years of age to be considered for employment as a Detention Officer or Communications Officer.

**THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE SUBMITTED WITH YOUR APPLICATION.**

1. Certified copy of Birth Certificate.
2. Certificate of Citizenship if naturalized or repatriated citizen of the United States
3. Certified copy of High School / College Diploma or GED
4. Certified copy of Military discharge (Form DD214, Member 4), if a veteran of the Armed Forces.
5. Georgia P.O.S.T. Certificate if certified by the State of Georgia as a law enforcement officer.

(A) Applicants will be required to have fingerprints made as a part of the criminal history background investigation. The Lumpkin County Sheriff's Office will arrange to have this completed.

(B) Applicants considered for employment may be required to submit to a pre-employment Polygraph examination and/or a Voice Stress Analysis at the request and expense of the Lumpkin County Government. Questions may be drawn from the following areas: Driving Record, Illegal Drugs, Criminal Activity, Physical Health, Thefts and Work Record.

(C) Applicants considered for employment are required to complete a pre-employment health screen at the request and expense of the Lumpkin County Government.

(D) Applicants considered for employment are required to complete a pre-employment Drug Screen at the request and expense of the Lumpkin County Government.

(E) Applicants who do not successfully complete any part of the pre-employment process will not be considered as eligible for employment.

(F) A background investigation of all applicants will be conducted by the Lumpkin County Sheriff's Office. The investigation will include viewing records concerning criminal and driver's histories. If any contacting/interviewing past employers and personal references as listed on the application and contacts with other parties that might arise from the investigation to confirm suitability for employment.

(G) The duration of the pre-employment with the Lumpkin County Sheriff's Office may be required to participate in an oral assessment conducted by the Sheriff's Office.

(H) Applicants considered for employment with the Lumpkin County Sheriff's Office may be required to participate in an oral assessment conducted by the Sheriff's Office.

(I) Applicant may be required to provide credit report upon request depending on job description.

(J) Upon successful completion of all aforementioned requirements, applicants being considered for employment with the Lumpkin County Sheriff's Office are scheduled for an interview with the Sheriff.

Questions regarding the status of your application or questions related to employment, interviews, etc. should be directed to the Lumpkin County Sheriff's Office (706)-864-0414.

**All incomplete applications will be discarded and not considered for further processing!**

# LUMPKIN COUNTY Employment Application



EQUAL OPPORTUNITY EMPLOYER

## APPLICANT INFORMATION

Last Name	First	Middle	Date
Street Address		Apartment/Unit #	
City	State	ZIP	How were you referred to this organization?
Phone Number(s)		Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No (If under 18, hire is subject to verification of minimum legal age.)	

Position Applied for \_\_\_\_\_

**If necessary for the job (see job listing), I am able to:**

Work overtime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work weekends & holidays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work 2 <sup>nd</sup> , 3 <sup>rd</sup> , or 12 hour shifts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Provide a valid driver's license of the appropriate type?  Yes  No

Are you authorized to work in the U.S.?  Yes  No

Have you ever worked for Lumpkin County? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position and Supervisor	From To
---	-------------------------	---------

Do you have relatives working for Lumpkin County? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Relationship
--	-----------------------

Have you ever been convicted of an un-lawful offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	A "yes" answer will not necessarily disqualify you from employment. If yes, explain
--	---

Have you ever been convicted of a moving violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
--	-----------------

## EDUCATION

High School \_\_\_\_\_ Location \_\_\_\_\_

Highest Grade Completed  7  8  9  10  11  12  GED

College or Business School \_\_\_\_\_

Did you graduate?  Yes  No Degree \_\_\_\_\_

Trade or Apprentice School \_\_\_\_\_

Specialty \_\_\_\_\_

List licenses, certificates, vocational or business courses you have taken that relate to the job applied for.

## PLEASE LIST THREE PROFESSIONAL REFERENCES

Full Name	Relationship
-----------	--------------

Contact Information \_\_\_\_\_

Full Name	Relationship
-----------	--------------

Contact Information \_\_\_\_\_

Full Name	Relationship
-----------	--------------

Contact Information \_\_\_\_\_

**PREVIOUS EMPLOYMENT** Begin with current or most recent employer. Include military service and volunteer work. Include last 10 years.

May we contact your current employer for a reference?  Yes  No  N/A

Company		Phone (     )	
Address		Supervisor	
Job Title	Hire Date	End Date	
Responsibilities			
Reason for Leaving			

Company		Phone (     )	
Address		Supervisor	
Job Title	Hire Date	End Date	
Responsibilities			
Reason for Leaving			

Company		Phone (     )	
Address		Supervisor	
Job Title	Hire Date	End Date	
Responsibilities			
Reason for Leaving			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I authorize Lumpkin County to contact current and former employers and references. I authorize current and former employers and references to supply such information verbally or in writing to Lumpkin County Human Resources.

I understand that Lumpkin County has a Substance Abuse Policy that includes random drug and/or alcohol testing.

I understand that any offer of employment is contingent upon successful completion of a drug screening and may also be contingent upon passing a medical examination.

I certify that my answers are true and complete to the best of my knowledge. I have not knowingly withheld any information that would detrimentally affect my application for employment.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

SHERIFF'S OFFICE QUESTIONNAIRE

The Sheriff's Office is required by law, to investigate background information on all applicants for law enforcement. Please complete the following in order that a more accurate and complete report is received:

Positions require shift work or rotating shift work and other types of departure from standard daytime operating hours, weekends and holiday hours. As a necessary condition of employment do you accept shifts, rotating shifts or other necessary departures from standard operating hours? \_\_\_\_\_

Do you have any medical or emotional problems or disability that would prevent you from performing all duties required of a communications dispatcher? \_\_\_\_\_

Have you ever worked in a position or trust that gave you availability to confidential, privileged information or information of a communications dispatcher? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever been asked to resign or have you ever been terminated (fired) from a job? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

If you have ever been fingerprinted by a police or military agency other than for an arrest, give details below. (Your answer will be checked with the FBI and other agencies).

\_\_\_\_\_

Were you ever the subject of a company punishment or any other disciplinary action while a member of the Armed Forces, National Guard or other reserve unit? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ If yes, to what degree? \_\_\_\_\_

Have you been or are you now an unlawful user of marijuana, depressant, stimulant or narcotic drug? \_\_\_\_\_

List name(s) and age(s) of children and other dependents whether living in your household or not:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicants Certification (Read the following statement before signing questionnaire):

I hereby certify that all statements made on this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact herein may cause any offer of employment made by the Lumpkin County Sheriff's Office to be withdrawn, or if employed my employment to be terminated. I further understand that any employment offered to me will be contingent on the results of a complete character and fitness investigation. I further and fully understand and consent to a Polygraph Examination and/or a Voice Stress Analysis concerning the veracity of my responses to the information requested on this application/questionnaire. I also understand and agree that this employment application/questionnaire shall be the property of the Lumpkin County Sheriff's Office. I understand and agree that if employed I will not divulge to anyone any confidential, privileged information acquired by me during my employment, except as may be required by law. It is understood that as a condition of my employment, I must submit to a polygraph test and/or a Voice Stress Analysis when specifically ordered to do so.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Witness Name/Signature \_\_\_\_\_

# Liability Release

I, \_\_\_\_\_, hereby acknowledge that I have no present or prior medical or psychological disease, injury, infirmity or condition which could or would adversely affect or be detrimental to my participation in the following Lumpkin County Sheriff's Office training or physical assessment:

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby release and discharge the Lumpkin County Sheriff's Office, the Lumpkin County Commissioner's Office, any of either organizations' agents, and all other persons liable or who might be claimed to be claimed liable from any and all claims, demands, damages, actions, causes of action or suits of whatever kind or nature and particularly on account of loss of or damage to property and on account of bad injuries, which may result or may in the future develop, sustained by the undersigned as a result of the undersigned's participation in the training/assessment offered by the Lumpkin County Sheriff's Office and further agrees that He/She assumes the risk of any danger involved in participation of said function.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name / Signature

## PERSONAL INQUIRY WAIVER

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I respectfully request and authorize you to furnish Lumpkin County Sheriff's Office with any and all information that you may have concerning my school records, reputation, employment or other facts as may be relevant to the nature of this inquiry. This information is to be used to assist the requesting agency in determining my qualifications and fitness for a position with Lumpkin County Sheriff's Office.

I hereby release you, your organization, Lumpkin County Government, and others from any liability or damage which may result from furnishing the information requested. The instrument is valid for twelve months from the above date and may be photocopied as needed by the requesting official(s).

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Address (Number, Street, Apartment)

\_\_\_\_\_  
City State Zip Code

### AFFIDAVIT

STATE OF GEORGIA, COUNTY OF LUMPKIN

Before me personally appeared the said \_\_\_\_\_  
who says that he/she executed the above instrument of his/her own free will and  
accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission: \_\_\_\_\_

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Georgia Driver's History Consent Form**

I hereby authorize the Lumpkin County Sheriff's Office

to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Office of the Sheriff Lumpkin County

## Criminal History Consent/Inquiry Form for Criminal Justice Employment

I hereby give consent for the Lumpkin County Sheriff's Office to receive any Georgia or Ill criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

<b>Full Name (print):</b>	Last	First	Middle/Maiden	Phone#
<b>Address</b>	Street	City		State Zip
<b>Sex:</b>	<b>Race:</b>	<b>Date of Birth:</b>	<b>SSN:</b>	- -

This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date of inquiry: \_\_\_\_\_ Time of inquiry: \_\_\_\_\_ Operator's initials: \_\_\_\_\_

Purpose Code used: (check one)

	<b>Civilian Employment with a Criminal Justice Agency (J)</b> – Provides complete <i>Georgia</i> and <i>Ill</i> Criminal History Record Information except juvenile or restricted records and
	<b>P.O.S.T. Certified Employment with a Criminal Justice Agency (Z)</b> - Provides <i>Georgia</i> and <i>Ill</i> Criminal History Record Information including restricted records that contain completed first offender sentences for any offense

The inquiry resulted in the following: (check all that apply)

	No Georgia or Ill CHRI results available.
	Georgia / Ill CHRI attached/released.
	No NCIC/GCIC Warrant results available.
	Possible NCIC/GCIC Warrant. Contact Agency listed below.
<b>Wanting Agency Name:</b>	_____
<b>Agency Telephone:</b>	_____

\_\_\_\_\_  
Lumpkin County Sheriff's Office Designee Signature and Title

\_\_\_\_\_  
Date

# Lumpkin County Sheriff's Office Pre-employment Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Have you ever had a polygraph examination or voice stress analysis? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_
2. Have you ever been fired from a job? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you ever had any type of trouble and or disagreement with a co-worker or at any past place of employment? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_
4. Are you presently or have you ever been involved in any law-suits? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_
5. Are you behind in payment on any bills or loans? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you ever had anything repossessed from you? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_
7. Have you ever used another name? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_
8. Has your automobile insurance ever been canceled? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_

9. Indicate below which of the following drug(s) you have **illegally** used in the past or are currently using illegally. List the number of times you used the drug(s) and the dates of the first and last usage. Do not include instances in which the drug was legally administered by or prescribed for you by an authorized medical practitioner.

Drug	Check if you have used illegally	Number of times used	Date of the First use	Date of the Last use
Marijuana				
Cocaine				
Crank				
Crack				
Hashish				
Heroin				
Opium				
Codeine				
Morphine				
Percodan				
Speed				
Amphetamine				
Valium				
PCP				
Barbituate				
Methadone				
LSD				
Ecstasy				
Methaqualane				
Qualudes				
Angel Dust				
Rush				
Preludin				
GHB				
Mescaline				
Peyote				
MDA				
Nexus				
Geek Joint				
ICE				
Mushrooms				
Sniff: Glue, Paint, Acetone				
Steroids				
Other (Specify)				

For each illegal drug(s) checked above, give full circumstances

---



---



---



---

10. Have you ever purchased, possessed, sold, cultivated, and/or manufactured any type of drug or drug paraphernalia? If yes, explain

---

---

11. When were you last with someone when they were using illegal drug(s) in your presence (mm/yy) \_\_\_\_\_

What illegal drug(s) were being used?

---

Under what circumstances were you with the individual(s) who used the above drugs? \_\_\_\_\_

Explain your actions

---

---

12. Approximately how many of your friends, associates or relatives use marijuana?

---

---

13. Approximately how many of your friends, associates or relatives use other illegal drugs?

---

---

14. Have you ever forged or altered a drug prescription? If yes, explain

---

---

15. Have you ever used someone else's prescription drug?

If yes, what drug(s)? \_\_\_\_\_

How many times? \_\_\_\_\_

When was the last time? \_\_\_\_\_

Describe the circumstances

---

---

16. Have you casually used or are you currently using illegal drugs or narcotics without a prescription prior to reporting to work?

---

---

17. Have you casually used or are you currently using illegal drugs or narcotics without a prescription while at work?  
\_\_\_\_\_  
\_\_\_\_\_

18. Have you ever stolen anything? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_

19. Have you ever changed or altered a price tag or purchased something at a lower price by an act of deception? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_

20. Have you ever forged a check? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_

21. Have you ever written a bad check? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_

22. Are you or have you ever been a member of a group advocated with the overthrow of government? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_

23. In the last (5) years how many tickets, moving violations, accidents have you had? If any, explain  
\_\_\_\_\_  
\_\_\_\_\_

24. Have you ever hit another vehicle, pedestrian, object and left the scene? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_

25. Have you ever been found guilty of any felony or misdemeanor? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_

26. Have you ever had a criminal warrant taken out against you? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_

27. Have you ever been detained or arrested by a law enforcement agency? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_

28. Are currently wanted by any law enforcement agency? If yes, explain

---

---

29. Have you ever been to court as a defendant? If yes, explain

---

---

30. Have you ever lied under oath? If yes, explain

---

---

31. Have you ever lied about anything important? If yes, explain

---

---

32. Have you ever committed any of the following? Please circle all that apply:

- |                             |  |                   |          |                           |         |
|-----------------------------|--|-------------------|----------|---------------------------|---------|
| Arson                       | Burglary   | Shoplifting       | Assault  | Kidnapping                | Perjury |
| Theft                       | Murder   | Vandalism         | Escape   | Rape                      | Forgery |
| Incest                      | Bribery  | Child Molestation |          | Family Violence Act (FVA) |         |
| Criminal Damage to Property | Illegal use of Credit Cards  | D.U.I.            | Gambling |                           |         |
| Receiving Stolen Property   | Public Drunkenness   | Trespassing       | Stalking |                           |         |
| Child Pornography           | Illegal Possession use of:<br>(Firearms, explosives, incendiary devices) | Armed Robbery     |          |                           |         |

Please explain circumstances of any circled items above:

---

---

---

---

**The next set of questions applies to applicants that have previous law enforcement experience. (33 – 45)**

33. Have you ever received a payoff from a criminal? If yes, explain

---

---

34. Have you ever taken a bribe? If yes, explain

---

---

35. Have you ever tampered with evidence? If yes, explain

---

---

36. Have you ever intentionally falsified a case file, computer entry, or official report? If yes, explain

---

---

37. Have you ever stolen anything from an arrestee/detainee? If yes, explain

---

---

38. Have you ever stolen anything from a business establishment while on duty? If yes, explain

---

---

39. Have you ever told someone confidential information pertaining to them? If yes, explain

---

---

40. Have you ever planted evidence? If yes, explain

---

---

41. Have you ever been reprimanded at work? If yes, explain

---

---

42. Have you ever been the subject of an internal investigation? If yes, explain

---

---

43. Have you ever been suspended? If yes, explain

---

---

44. Have you ever quit a job in lieu of being terminated? If yes, explain

---

---

45. Since being in criminal justice work, have you used or tried marijuana or other illegal drugs? If yes, explain

---

---

46. Have you falsified any answers to the above questions? If yes, explain

---

---

I have truthfully and voluntarily answered the preceding questions. I understand that these questions may be similar to the questions asked during a polygraph examination and/or a voice stress analysis. In the event I am asked to take a pre-employment polygraph and/or a voice stress analysis, these questions and responses will be compared to the examiner's questions and received responses and checked for accuracy. I also understand that an inconclusive, no opinion, or deceptive result from any such tests may be grounds to conclude the hiring process without explanation.

Applicant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_