

Lumpkin County Sheriff's Office
Employment Application
Index and/or
Check List

Form

Information / Instruction & Check
List

County Government Application

Sheriff's Office Questionnaire

Driver's History Consent

Criminal History Consent

Personal Inquiry Waiver

Liability Release

Pre-employment Questionnaire

Rev. 12/17

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 nd , 3 rd , or 12 hour shifts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide a valid driver's license of the appropriate type?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Apprenticeship 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 of 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 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 employment, I must submit to a polygraph test when specifically ordered to do so.

Signature of Applicant _____ Date _____

I certify that I have received a copy of applicant information form SO-1 (cover sheet).

Witness _____

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 Commissioners' Office, any of either organization's agents, and all other persons liable or who might be claimed to be liable, from any and all claims, demands, damages, actions, causes of action or suits of whatever kind or nature, in particular on account of injuries which may result or may in the future develop, or loss of property or damage to property sustained by the undersigned as a result of participation in the training/assessment offered by the Lumpkin County Sheriff's Office. Undersigned further agrees that he/she assumes the risk of any danger involved in participation of said function.

Signature

Date

Witness

PERSONAL INQUIRY WAIVER

Name: _____ Date: _____

Date of Birth: _____

Social Security Number: _____

I respectfully request and authorize you to furnish Lumpkin County with any and all information that you may have concerning my school records, reputation, 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.

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 _____
(fire department/law enforcement agency name)

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 Request

I hereby request for the Lumpkin County Sheriff's Office to retrieve any criminal history record information, which may pertain to myself (or the person named below), that may be found in any state or local criminal justice agency in Georgia. Records obtained from the Lumpkin County Sheriff's Office shall only be used by the requesting agency or individual solely for the purposes requested. If any information is used to deny employment or license, it shall not reflect on the liability of this office, but on the agency or entity who makes that decision and to allow the person/applicant a chance to dispute any information which may be in error. Any dissemination of the information provided must be with permission of the person/applicant. Lumpkin County shall not be held responsible for information obtained by another agency, state or federal, which provides such information and whose files reflect records which may contain errors or omissions.

TO ENSURE ACCRACY, PLEASE PRINT AND PROVIDE COMPLETE INFORMATION

Date of request: _____

Authorization good for: 7 30 60 90 days

Agency requesting criminal history (name and phone #): _____

Full name: _____

Address: _____

SSN: _____ Providing your SSN is voluntary. SSN helps confirm your identity and history.

DOB: _____ Sex: _____ Race: _____ State of birth: _____

Weight: _____ Hair _____ Eyes: _____

Special employment provisions (check if applicable):

Employment with mentally disabled (Purpose code "M")

Employment with elder care (Purpose code "N")

Employment with children (Purpose code "W")

Employment (Purpose code "E")

Attorney for Individual (Purpose code E and U only) Name of Attorney _____ Bar Number: _____

***Any authorized individual(s) must present a valid identification upon receipt of this criminal history. If a valid identification cannot be presented, the criminal history will not be released.*

Individual(s) authorized to receive criminal history: _____

Applicant signature: _____ Date: _____

Notary signature: _____ Date: _____

(Notary Stamp)

To be completed by Lumpkin County Sheriff's Office Personnel

Select purpose code used: C F P (No consent required) E J M N W Z U&E (Consent required)

Case number or criminal history number used: _____

Date of inquiry: _____ Time of inquiry: _____ Operator's initials: _____

No Georgia CHRI results available

Georgia CHRI attached/released.

No NCIC/GCIC Warrant results available

Possible NCIC/GCIC Warrant. (Contact agency listed below.)

Wanting Agency Name: _____ Agency Telephone: _____

Lumpkin County Sheriff's Office designee signature and title: _____ Date: _____

385 E. Main Street
Dahlonega, GA 30533
(706) 864-0414

lumpkincounty.gov

Fax (706) 867-1405
(706) 864-1032

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: | Armed Robbery | | | |
| | (Firearms, explosives, incendiary devices) | | | | |

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: _____



**Lumpkin
County
Government**

Full Time

[Lumpkin County](#)

Posted 9 months ago

Deputy Sheriff

Lumpkin County Sheriff's Office is accepting applications for the position of Deputy for the Uniform Patrol Division. This position is responsible for responding to emergency and non-emergency calls, preventing criminal acts by patrolling the various districts within the county, conducting preliminary investigations, protecting life and property, maintaining law and order, and enforcing laws and ordinances at the local, state, and federal level. As a Deputy Sheriff with Lumpkin County, you will be required to attain an understanding and be knowledgeable of every position within the Agency and may be assigned to any position within the agency, based upon the Agency's needs.

Must have excellent communication skills, both oral and written, to establish and maintain a safe working relationship with the public and inmates. Minimum qualifications include a high school diploma or equivalent, must be P.O.S.T. certified, have an understanding of computers, and the ability to type. Must be able to work well under pressure and multi-task. 12 hour shifts including weekends and holidays required. Must possess or have the ability to obtain a Georgia driver's license.

Employment contingent upon passing physical fitness test, background check, polygraph or voice stress examination, psychological examination, and a post offer drug screening.

Lumpkin County is an Equal Opportunity Employer.

[Click here to download an Employment Application – Sheriff's Office](#)

[Click here to download Self Identification Form](#)

Send, fax or email the application to:

Director of Community & Employee Services
99 Courthouse Hill, Suite A
Dahlonega, GA 30533
Fax 706.864.4760

Email: candice.taylor@lumpkincounty.gov

Search

Upcoming Events

[Planning Commission Meeting](#)

12/11/2017

6:00 pm

[Board of Tax Assessors Meeting](#)

12/12/2017

9:00 am

[Park & Recreation Citizens Advisory Board Meeting](#)

12/13/2017

5:30 pm

About Us

Get Directions

Important Links

GIS Maps & Data

Employment Opportunities

Employees Only

Inclement Weather Line
706-482-2403



Copyright 2009-2017 - Lumpkin County Government