Please read this page carefully, detach and keep for further reference.

LUMPKIN COUNTY SHERIFF'S OFFICE
APPLICATION INFORMATION FORM SO-I

An incomplete application will be discarded and not considered for further processing

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 MUST BE SUBMITTED WITH YOUR APPLICATION:

1. Certified copy of birth certificate or
   Certificate of citizenship if naturalized or repatriated citizen of the United States
2. Certified copy of high school / college diploma or GED
3. Certified copy of military discharge (Form DD214, Member 4), if a veteran of the Armed Forces.
4. Georgia P.O.S.T. Certificate if certified by the State of Georgia as a law enforcement officer.

(A) **Applicants considered for employment 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.
- **Submit to a pre-employment polygraph examination** at the expense of the Lumpkin County Government. Polygraph questions may be drawn from the following areas: driving record, illegal drugs, criminal activity, physical health, thefts and work record.
- **Complete a pre-employment health screen and drug screen** at the expense of the Lumpkin County Government.
- **May be required to participate in an oral assessment** conducted by the Sheriff's Office.
- **May be required to provide credit report upon request**, depending on job description.

(B) 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 histories, as well as contacting and interviewing past employers and personal references as listed on the application, to confirm suitability for employment.

(C) Applicants who do not successfully complete any part of the pre-employment process will not be considered for employment. Upon successful completion of all aforementioned requirements, applicants being considered for employment with the Lumpkin County Sheriff's Office will be scheduled for an interview. The duration of the pre-employment process from the receipt of the application to the pre-employment interview may take up to 120 days.

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.

EQUAL OPPORTUNITY EMPLOYER

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

Rev. 10/09

LUMPKIN COUNTY
Employment Application

EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION

Last Name | First | Middle | Date

Street Address | Apartment/Unit #

City | State | ZIP | How long at this address?

Phone Number(s) | Social Security Number

Position Applied for

Are you a citizen of the United States? If no, are you authorized to work in the U.S.? _____Yes _____No
If offered employment you will be required to provide documentation to verify employment eligibility.

Have you ever worked for Lumpkin County? ___Yes ___No | Position and Supervisor | From To

Do you have relatives working for Lumpkin County? ___Yes ___No | Name and Relationship

Have you ever been convicted of an un-lawful offense? ___ Yes ___No
A "yes" answer will not necessarily disqualify you from employment.
If yes, explain

Have you ever been convicted of a moving violation? ___ Yes ___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

Company | Phone ( )

Address

Full Name

Company | Relationship

Address | Phone ( )

Full Name

Company | Relationship

Address | Phone ( )

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

Company Phone ( )

Address Supervisor

Job Title Starting Salary $ Ending Salary $

Responsibilities

From To Reason for Leaving

Company Phone ( )

Address Supervisor

Job Title Starting Salary $ Ending Salary $

Responsibilities

From To Reason for Leaving

Company Phone ( )

Address Supervisor

Job Title Starting Salary $ Ending Salary $

Responsibilities

From To 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**

Lumpkin County Government is subject to certain governmental recordkeeping and reporting requirements relating to the administration of grants. In order to comply with these requirements, employees are asked to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for grant administration. When reported, data will not identify any specific individual.

This form will be used for reporting purposes only and will be kept separate from all other personnel records. Individual forms will only be accessed by the Community and Employees Services Department.

Name: _____ **Job Title:** _____

GENDER: (Please mark one of the options below)

_____ Male _____ Female

RACE/ETHNICITY:
(Please mark one of the descriptions below corresponding to the ethnic group with which you identify.)

___ **Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ **White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

___ **Black or African American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

___ **American Indian or Alaska Native (Not Hispanic or Latino)** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

___ **Two or More Races (Not Hispanic or Latino)** All persons who identify with more than one of the above five races.

Date completed: _____

SHERIFF'S OFFICE QUESTIONAIRE

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-I (cover sheet).

_____
Witness

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

Georgia Bureau of Investigation
Georgia Crime Information Center
Consent Form

I hereby give my consent for the _____
(Criminal Justice Agency)

to receive any Georgia or III criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

_____
Full Name (print)

_____
Address

_____ _____ _____ _____
Sex Race Date of Birth Social Security Number

_____
Signature

_____
Date

Special employment provisions (check if applicable):

☐ Employment with criminal justice agency – civilian (Purpose code 'J')
☐ Employment with criminal justice agency – P.O.S.T. certified (Purpose code 'Z')

One of the following must be checked:

☐ 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.

_____
Notary Public

My Commission: _____

Lumpkin County Sheriff's Office (use only)

RAN BY: _____ Date: _____

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: _____

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

Lumpkin County Sheriff's Office
Pre-employment Questionnaire

Name: _____ Date: _____

1. Have you ever had a polygraph examination? If yes, explain

   _____

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

   _____

3. Indicate below any 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. For any illegal drug(s) checked, give full circumstances below

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)				

_____

_____

4. 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

   _____

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

   _____

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

   _____

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

   _____

8. 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

   _____

9. Have you used or are you currently using illegal drugs or narcotics without a prescription prior to reporting to work or while at work?

_____

10. Have you ever stolen anything? If yes, explain

_____

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

_____

12. Have you ever forged a check or written a check with insufficient funds? If yes, explain

_____

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

_____

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

_____

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

_____

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

_____

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

_____

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

_____

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

_____

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

_____

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

_____

22. Have you ever used another name? If yes, explain and list names_____

23. Have you ever been fired from a job? If yes, explain

_____

24. 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

_____

25. Are you presently or have you ever been involved in any law-suits? If yes, explain

_____

26. Are you behind in payment on any bills or loans? If yes, explain

_____

27. Have you ever had anything repossessed from you? If yes, explain

_____

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

_____

29. Has your automobile insurance ever been canceled? If yes, explain

_____

30. 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: (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. **(31 – 43)**

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

    _____

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

    _____

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

    _____

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

    _____

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

    _____

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

    _____

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

    _____

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

    _____

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

    _____

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

    _____

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

    _____

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

_____

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

_____

44. 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 given by the Georgia Bureau of Investigations. In the event I am asked to take a pre-employment polygraph, this booklet will be compared to the polygraphist's booklet and checked for accuracy. I also understand that an inconclusive or deceptive result from a polygraph may be grounds to conclude the hiring process without explanation.

Applicant's Name: _____

Signature: _____

Date: _____