



Fayette County Sheriff's Office

**BARRY H. BABB
SHERIFF**

Randall Johnson Law
Enforcement Center
155 Johnson Avenue
Fayetteville, Georgia 30214
(770) 461-6353
EMERGENCY: 9-1-1

ATTENTION APPLICANT

All information requested on this application must be provided. Information must be complete so that all applications can be given equitable consideration. All qualified applicants will receive consideration for internship, regardless of race, color, religion, sex, age, national origin, or disability. You must sign and date your application in ink. A resume will not be accepted in place of a completed application, but a resume may be attached to the completed application.

For further information contact:

Anita Copeland

**Fayette County Sheriff's Office
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**The Fayette County Sheriff's Office is an Equal Opportunity Employer
*A Community Oriented Law Enforcement Agency***

FAYETTE COUNTY SHERIFF'S OFFICE

APPLICATION FOR INTERNSHIP

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Section 1 - Personal Identification (LIST ALL NAMES USED IN WORK HISTORY)

NAME _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

ADDRESS _____
(Complete Street Address, Apt #, and/or Post Office Box)

(City) (County) (State) (Zip) HOME

PHONE : _____ CELL: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY : _____ EMAIL: _____

DRIVERS LICENSE: _____ STATE OF ISSUE: _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANOTHER STATE? IF YES, GIVE

THE STATE AND DATES: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____

ARE YOU A UNITED STATES CITIZEN? YES: _____ NO: _____

Section 3 - Prior Civil/Criminal/Adverse Drivers History

Have you ever been arrested (or confined for a *Felony or Misdemeanor*? YES:* ____ NO: ____
 If yes, please furnish the following information (*a yes may not preclude consideration).

DATE	LOCATION	CHARGE	DISPOSITION

Have you ever received a Traffic Citation? YES:* ____ NO: ____
 If yes, please furnish the following information (*a yes may not preclude consideration).

DATE	LOCATION	CHARGE	DISPOSITION

Have you ever been involved in a dispossessory, eviction, or civil court Civil Action in any capacity?
 YES: ____ NO: ____ If yes, please explain, and use additional paper if necessary to show all matters.

FAYETTE COUNTY SHERIFF'S OFFICE

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of, and full disclosure of all records, concerning myself, to any duly authorized agent of the **Fayette County Sheriff's Office**, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial/credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements, and records, wherever filed; medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment, and pre-employment, records, including background reports, polygraph reports, and charts; efficiency ratings, complaints, or grievances, filed by or against me; and the records and recollections of attorneys-at-law, or of other counsel, whether representing me, or another person or body in any case, either criminal or civil, in which I presently have or have had an interest, and any records of any courts.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization, will be considered in determining my suitability for employment by the **Fayette County Sheriff's Office**. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable or liable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE: _____ DATE: _____

COMPLETE ADDRESS: _____

TELEPHONE NUMBER: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____