



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 requested information is required to process the application. The information must be complete so that all applications receive equitable consideration. Applications must be typed or hand-printed by the applicant in blue or black ink. Applications must be signed in ink unless using an electronic signature. A resume is not accepted in place of a completed application but may be attached. Qualified applicants receive employment consideration regardless of race, color, religion, sex, age, national origin, or disability.

For further information, contact:

Captain Tom W. Brenna

Or

Deputy Amanda L. Hall

**Fayette County Sheriff's Office
155 Johnson Avenue, Fayetteville, Georgia 30214
770-461-6353**

The Fayette County Sheriff's Office is an Equal Opportunity Employer

A Community Oriented Law Enforcement Agency

FAYETTE COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

YOU MUST BE ABLE TO WORK ROTATING SHIFTS IF APPLYING FOR
A DEPUTY SHERIFF OR DETENTION OFFICER POSITION

POSITION APPLIED FOR	
DEPUTY SHERIFF _____	DETENTION OFFICER _____
CLERICAL _____	OTHER _____

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

NAME: _____
LAST FIRST MIDDLE MAIDEN

ADDRESS: _____
(COMPLETE STREET ADDRESS OR POST OFFICE BOX, INCLUDE APT#)

CITY COUNTY STATE ZIP

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY: _____ EMAIL: _____

DRIVER'S LICENSE: _____ STATE OF ISSUE: _____

HAVE YOU EVER HELD A DRIVER'S LICENSE IN ANOTHER STATE? IF YES, GIVE THE STATE AND DATES:

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

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____

HAVE YOU APPLIED FOR A JOB WITH ANY LAW ENFORCEMENT AGENCY BEFORE? IF YES, STATE

WHEN AND WHAT AGENCY: _____

Section 2 – Marital/Dependent Status

ARE YOU: MARRIED_____ SINGLE_____ WIDOWED_____ DIVORCED_____ SEPERATED_____

SPOUSE'S NAME: _____
LAST FIRST MIDDLE MAIDEN

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SPOUSE'S OCCUPATION: _____

SPOUSE'S EMPLOYER: _____

EMPLOYER ADDRESS: _____
COMPLETE STREET ADDRESS- INCLUDE CITY, COUNTY, STATE, AND ZIP

DEPENDENTS:	NAME	AGE
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

YOUR PARENTS' NAMES: _____

PARENT'S STREET ADDRESS: _____

COMPLETE STREET ADDRESS- INCLUDE CITY, COUNTY, STATE, AND ZIP

Section 3 – Military Service

HAVE YOU EVER SERVED IN THE MILITARY? YES:_____ NO:_____

IF YES, WHICH BRANCH? _____

DATE OF SEPARATION: _____ *TYPE OF DISCHARGE*: _____

WERE YOU SUBJECT TO ANY DISCIPLINARY ACTIONS, JUDICIAL OR NON-JUDICIAL? YES: _____ NO: _____

IF YES, EXPLAIN IN DETAIL: _____

ARE YOU CURRENTLY IN THE U.S. MILITARY RESERVES, NATIONAL GUARD, ETC.? YES: _____ NO: _____

IF YES, PROVIDE THE NAME AND MAILING ADDRESS OF YOUR UNIT COMMANDER: _____

COMPLETE STREET ADDRESS- INCLUDE CITY, COUNTY, STATE, AND ZIP

****A COPY OF DD FORM 214-MEMBER 4 MUST BE ATTACHED TO THIS APPLICATION****

A Community Oriented Law Enforcement Agency

Section 4 – Primary and Secondary Education

List all High Schools, Colleges, and Trade Schools, along with dates attended and the highest level attained. If you are not a high school graduate, please state when and where you received your GED: _____

DATES	NAME OF SCHOOL	COMPLETE ADDRESS	DEGREE

Section 5 – Prior Residences

Starting from your current address and proceeding backward, list all your residences for the last TEN (10) years.

DATES	COMPLETE STREET ADDRESS	CITY, COUNTY, STATE, ZIP CODE

Section 6 – Employment History

Starting with your most recent place of employment and proceeding backward, list all of your prior employers. Attach additional sheets as necessary.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES: _____ NO: _____

COMPANY: _____ TELEPHONE: _____

COMPLETE ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____ POSITION: _____

SUPERVISOR: _____ REASON FOR LEAVING: _____

EMAIL: _____

COMPANY: _____ TELEPHONE: _____

COMPLETE ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____ POSITION: _____

SUPERVISOR: _____ REASON FOR LEAVING: _____

EMAIL: _____

COMPANY: _____ TELEPHONE: _____

COMPLETE ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____ POSITION: _____

SUPERVISOR: _____ REASON FOR LEAVING: _____

EMAIL: _____

COMPANY: _____ TELEPHONE: _____

COMPLETE ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____ POSITION: _____

SUPERVISOR: _____ REASON FOR LEAVING: _____

EMAIL: _____

Section 7 – Personal References

List FIVE (5) personal or professional references. **Do not list former employers, school teachers, or family members.** Each reference should be a responsible adult and have known you during the last FIVE (5) years. Please note that failure to provide complete information or failure to comply with our guidelines will delay or possibly prohibit the processing of your application.

NAME: _____ TELEPHONE: _____

COMPLETE ADDRESS: _____
STREET CITY/STATE ZIP CODE

YEARS AQUAINTED: _____ OCCUPATION: _____

EMAIL: _____

NAME: _____ TELEPHONE: _____

COMPLETE ADDRESS: _____
STREET CITY/STATE ZIP CODE

YEARS AQUAINTED: _____ OCCUPATION: _____

EMAIL: _____

NAME: _____ TELEPHONE: _____

COMPLETE ADDRESS: _____
STREET CITY/STATE ZIP CODE

YEARS AQUAINTED: _____ OCCUPATION: _____

EMAIL: _____

NAME: _____ TELEPHONE: _____

COMPLETE ADDRESS: _____
STREET CITY/STATE ZIP CODE

YEARS AQUAINTED: _____ OCCUPATION: _____

EMAIL: _____

NAME: _____ TELEPHONE: _____

COMPLETE ADDRESS: _____
STREET CITY/STATE ZIP CODE

YEARS AQUAINTED: _____ OCCUPATION: _____

EMAIL: _____

Section 8 – Prior Civil/Criminal/Adverse Driver’s History

Have you ever been arrested or confined for a **Felony or Misdemeanor**? *YES:_____ NO:_____

If yes, please complete the table below. *A yes may not preclude consideration.

DATE	CHARGE	LOCATION	DISPOSITION

Have you ever received a Traffic Citation? *YES:_____ NO:_____

If yes, please complete the table below. *A yes may not preclude consideration.

DATE	CHARGE	LOCATION	DISPOSITION

Have you ever been involved in a dispossessory, eviction, or Civil Court action in any capacity? YES:_____ NO:_____

If yes, please explain in detail. Attach additional sheets as necessary.

Section 9 – Law Enforcement

If you are applying for a **Deputy Sheriff** position and are a Peace Officer Standards and Training Council Certified Law Enforcement Officer, please complete the following:

STATE OF CERTIFICATION: _____ CERTIFICATION #: _____

DATE OF CERTIFICATION: _____ IS THE CERTIFICATION CURRENT? YES: _____ NO: _____

If you are applying for a **Detention Officer** position and are a Georgia Peace Officer Standards and Training Council Certified Detention, Juvenile Detention, or Corrections Officer, please complete the following:

CERTIFICATION #: _____ DATE OF CERTIFICATION: _____

IS THE CERTIFICATION CURRENT? YES: _____ NO: _____

Have you ever been denied an application for certification as any law enforcement professional, including Sheriff's Deputy, Police Officer, or Detention Officer? YES: _____ NO: _____

If yes, please explain in detail.

Has your certification ever been disciplined or sanctioned in any state? YES: _____ NO: _____

If yes, please explain in detail.

Have you ever resigned in lieu of termination from any law enforcement agency? YES: _____ NO: _____

If yes, please explain in detail.

List all law enforcement agencies where employed in chronological order:

DATES	AGENCY NAME, COUNTY, AND STATE

IF YOU ARE RELATED TO ANYONE CURRENTLY EMPLOYED BY THE FAYETTE COUNTY SHERIFF'S OFFICE, PLEASE STATE THE PERSON'S NAME AND YOUR RELATIONSHIP TO THE EMPLOYEE:

Section 10 – Willingness Statement and Application Certification

Willingness Statement

I understand that the Fayette County Sheriff’s Office is a public safety organization, and as such, it is a twenty-four (24) hour - seven (7) day a week operation. Its employees are subject to working shifts any time of the day and days off, and granting authorized leave is based on a combination of mission needs and seniority.

Furthermore, the Sheriff’s Office employees work in hazardous and potentially life-threatening situations, and I will be required to work under those conditions.

The Fayette County Sheriff’s Office employees agree to comply with written and verbal policies, directions, and rules as may be promulgated for the office’s efficient operation.

Prospective employees of the Fayette County Sheriff’s Office must agree to submit to and must complete a written pre-employment aptitude examination, background examination, and truth verification exam as a condition of employment.

By signing this application, I state that I am willing to accept and abide by these general conditions.

Certification

I certify that the answers I have given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements in this application for employment with the Fayette County Sheriff’s Office as necessary for arriving at an employment decision.

I certify that I have read, understand, and accept the general conditions outlined in this document, the above titled “Willingness Statement.”

In the event of employment, I understand that false or misleading information given in my application or during the interview(s) or the withholding of information may result in termination of my employment.

SIGNATURE OF APPLICANT

DATE

FAYETTE COUNTY SHERIFF'S OFFICE

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I _____ 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 public, private, or confidential.

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, commercial or retail credit agencies (including credit reports and ratings), and other financial statements and records, wherever filed; medical and psychiatric treatment and 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 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. I hereby release said person(s) from any and all liability resulting from furnishing such information.

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

SIGNATURE: _____ DATE: _____

COMPLETE ADDRESS: _____

STREET

CITY/STATE

ZIP CODE

TELEPHONE NUMBER: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

FAYETTE COUNTY SHERIFF'S OFFICE

AUTHORIZATION TO RUN GEORGIA DRIVING HISTORY (MVR)

I, _____, authorize the **Fayette County Sheriff's Office** to run a seven-year Georgia driving history on me. The Background Investigator will use this driving history in determining my suitability for employment by the **Fayette County Sheriff's Office**.

Name as it appears on your Driver's License: _____

Date of Birth: _____

Georgia Driver's License #: _____

SIGNATURE: _____ DATE: _____

APPLICATION QUESTIONNAIRE

If you answer “yes” to questions 4-30, you *MUST* explain the reason fully on the following answer sheet. Remember to indicate the question number you are addressing. Please explain and list your previous employers if you answer “No” to question three (3). Failure to follow instructions will result in the return of your application.

	YES	NO
1. Will you consent to a thorough background investigation of your character?	_____	_____
2. Will you consent to a rigid medical examination by a physician upon a conditional offer of employment?	_____	_____
3. Did you list ALL of your jobs for the past fifteen (15) years on your employment application to include part-time and temporary employment? If no, explain in detail.	_____	_____
4. Have you ever been rejected for employment, for any reason, by any law enforcement agency? If yes, what agency and why?	_____	_____
5. Have you ever failed a polygraph?	_____	_____
6. Have you ever been terminated by any law enforcement agency? If yes, state the date (s) and reason for the termination(s).	_____	_____
7. Have you ever been terminated or asked to resign from ANY job? If yes, list the name(s) of the employer(s), position worked, employment dates, and reason for the termination or resignation under pressure.	_____	_____
8. Have you EVER been physically arrested or given a copy of charges for violating any city, municipal, state, or federal law?	_____	_____
9. Have you EVER appeared in any court (including juvenile) as a defendant to answer any city, municipal, state, or federal criminal charge? If so, give the name of the court, charge description, and disposition of the case. (i.e., conviction, first offenders, dismissal, etc.)	_____	_____
10. Have you EVER been detained by any law enforcement representative, been the subject of any criminal investigation, or been named as the accused on a warrant? If yes, explain in detail.	_____	_____
11. Have you EVER received any tickets for traffic violations (excluding parking tickets) on any license you have held since you began driving? If yes, list the type of violation, date received, jurisdiction, and disposition. (i.e., fines, license suspension, dismissal)	_____	_____

	YES	NO
12. Have you EVER used, tried, ingested, or experimented with marijuana, including as a juvenile? If yes, write the total number of times used and the first and last dates of use.	_____	_____
13. Have you EVER used, tried, ingested, or experimented with ANY other type of illegal narcotics or dangerous drugs? (i.e., heroin, cocaine, hashish, speed, LSD, anabolic steroids, etc.) If yes, write the type(s) of drug, the total number of times used, and the first and last dates of use.	_____	_____
14. Have you EVER sold, delivered, or shared any illegal drugs or directed another person on where to buy drugs?	_____	_____
15. Have you ever benefited from selling illegal drugs, either directly or indirectly, been given free drugs, or exchanged drugs for sexual favors? If yes, explain in detail. (If you received money from a friend or family member involved in drug sales, explain in detail.)	_____	_____
16. Have you ever filed or declared bankruptcy, had any judgments, repossessions, foreclosures, or collections?	_____	_____
17. Do you know of anything that might prevent you from obtaining the position to which you have applied?	_____	_____
18. Have you purposely omitted any information from your employment application?	_____	_____
19. Have you ever committed an act where if caught, it would have resulted in your arrest?	_____	_____
20. Have you ever fraudulently obtained money?	_____	_____
21. Have you ever committed a fraudulent act against an employer?	_____	_____
22. Have you ever intentionally damaged the property of another?	_____	_____
23. Have you ever filed ANY false reports for any reason?	_____	_____
24. Since you became an adult (18 years old), have you ever had sexual involvement with someone under 18? If yes, explain in detail. How old were they? _____ How old were you? _____ How long ago? _____	_____	_____
25. Have you ever been involved in a sexual act that would have resulted in your arrest if caught?	_____	_____

YES

NO

- | | | |
|--|-------|-------|
| 26. Have you ever been involved in a sexual act that would have resulted in termination from your employer if caught?. | _____ | _____ |
| 27. Have you ever engaged in prostitution or used the services of a prostitute? | _____ | _____ |
| 28. Have you ever driven a motor vehicle under the influence of alcohol or drugs? | _____ | _____ |
| 29. Have you ever purchased or pawned an item that you knew or should have known was stolen? | _____ | _____ |
| 30. Were you able to understand all the questions in this application? | _____ | _____ |

