



Fayette County Sheriff's Office

**WAYNE HANNAH
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 employment, regardless of race, color, religion, sex, age, national origin, or disability. This application must be typed or hand printed by the applicant. 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: 770-461-6353
Administrative Services Human Resources
Fayette County Sheriff's Office
Randall Johnson Law Enforcement Center
155 Johnson Avenue
Fayetteville, Georgia 30214-2079**

**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 DEPUTY SHERIFF OR DETENTION OFFICER POSITIONS

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, 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 _____

HAVE YOU APPLIED FOR A JOB WITH ANY LAW ENFORCEMENT AGENCY BEFORE?
Yes _____ No _____ IF YES, STATE WHEN AND WHERE: _____

Section 2 - Marital/Dependent Status

Are you: Married: _____ Single: _____ Widowed: _____ Divorced: _____ Separated: _____

SPOUSE'S NAME _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SPOUSE'S OCCUPATION: _____

SPOUSE'S EMPLOYER: _____

EMPLOYER'S ADDRESS: _____
(COMPLETE ADDRESS - INCLUDE CITY, COUNTY, STATE AND ZIP)

DEPENDENTS:	NAME	AGE
	_____	_____
	_____	_____
	_____	_____

YOUR PARENTS' NAMES: _____

PARENTS' ADDRESS: _____

Section 3 - Military Service

Have you served in the Military? Yes _____ No _____ If Yes, give Branch: _____

Date of Separation: _____ Type of Discharge** _____

Were you subject to any disciplinary actions, judicial or non-judicial? _____ If yes, explain in detail.

Are you now in the U.S. Military Reserves, National Guard, etc? Yes _____ No _____ If yes,

provide name and mailing address of your unit and Commander: _____

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

Section 4 - Primary and Secondary Education

Beginning with High School, list all Schools, Colleges, and/or Trade Schools attended as well as dates of attendance and 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 backwards, list all of your residences for the last TEN (10) years. If you were ever evicted, or had a dispossessory filed, state when and where.

DATES	COMPLETE STREET ADDRESS	CITY, STATE, ZIP CODE

Section 6 - Employment History

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

Can we contact your present employer? Yes _____ No _____

NAME: _____ **TELEPHONE #** () _____

COMPLETE ADDRESS: _____

Street City/State Zip Code
FROM: _____ **TO:** _____ **POSITION:** _____

SUPERVISOR: _____ **REASON FOR LEAVING:** _____

NAME: _____ **TELEPHONE #** () _____

COMPLETE ADDRESS: _____

Street City/State Zip Code
FROM: _____ **TO:** _____ **POSITION:** _____

SUPERVISOR: _____ **REASON FOR LEAVING:** _____

NAME: _____ **TELEPHONE#** () _____

COMPLETE ADDRESS: _____

Street City/State Zip Code
FROM: _____ **TO:** _____ **POSITION:** _____

SUPERVISOR: _____ **REASON FOR LEAVING:** _____

NAME: _____ **TELEPHONE#** () _____

COMPLETE ADDRESS: _____

Street City/State Zip Code
FROM: _____ **TO:** _____ **POSITION:** _____

SUPERVISOR: _____ **REASON FOR LEAVING:** _____

Section 7 - Personal References

List five personal or professional references. Of the five, at least two should be current neighbors of you. Each of your references should be responsible adults and ***none*** should be ***former employers, school teachers, or family members***. Each of these references should have known you during the last (5) years. **Please note that failure to provide complete information or failure to comply with our guidelines regarding references will delay, or possibly prohibit, the processing of your application.**

NAME: _____ TELEPHONE #: _____

COMPLETE ADDRESS: _____

Street City/State Zip Code

YEARS ACQUAINTED: _____ OCCUPATION: _____

NAME: _____ TELEPHONE#: _____

COMPLETE ADDRESS: _____

Street City/State Zip Code

YEARS ACQUAINTED: _____ OCCUPATION: _____

NAME: _____ TELEPHONE#: _____

COMPLETE ADDRESS: _____

Street City/State Zip Code

YEARS ACQUAINTED: _____ OCCUPATION: _____

NAME: _____ TELEPHONE#: _____

COMPLETE ADDRESS: _____

Street City/State Zip Code

YEARS ACQUAINTED: _____ OCCUPATION: _____

NAME: _____ TELEPHONE#: _____

COMPLETE ADDRESS: _____

Street City/State Zip Code

YEARS ACQUAINTED: _____ OCCUPATION: _____

Section 8 - 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.

Section 9 - Law Enforcement

Do you have a record with any Peace Officers Standard and Training Council? _____
If yes, give the state and date. _____ Have you ever attended any class or classes
at any Police Training Academy or facility? _____ If you are applying for a Deputy Sheriff position
and have ever been certified as a Law Enforcement Officer, please complete the following:

STATE OF CERTIFICATION: _____ CERTIFICATION # _____

DATE OF CERTIFICATION: _____ IS CERTIFICATION CURRENT: Yes ___ No ___

If you are applying for a Detention Officer position and are POST Certified, please complete the following:

CERTIFICATION #: _____ DATE OF CERTIFICATION: _____

IS CERTIFICATION CURRENT: Yes ___ No ___ CERTIFICATION # _____

Have you ever been denied an application for certification as any law enforcement professional,
including sheriff's deputy, police officer, detention officer? _____

Has your certification ever been disciplined or sanctioned in any state? _____

List all law enforcement agencies where employed in chronological order with dates below:

Have you ever resigned while under investigation, or in lieu of termination from any law enforcement
agency? _____ If yes, explain: _____

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 of authorized leave is based on a combination of mission needs and seniority.

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

Employees of the Fayette County Sheriff's Office agree to comply with written and verbal policies, direction and rules as may be promulgated for the efficient operation of the office.

Prospective employees of the Fayette County Sheriff's Office must agree to submit to and must successfully complete a written pre-employment aptitude examination, background examination, and attitude questionnaire as a condition of employment.

I understand that by signing this application, I am stating 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 investigation of all statements contained in this application for employment with the Fayette County Sheriff's Office as may be necessary in arriving at an employment decision.

I certify that I have read, understand, and accept, the general conditions as 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 for employment, or during 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, _____, 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: _____

This affidavit sworn to and subscribed before me this _____ day of _____, 20____

Signature of Notary Public

Date

FAYETTE COUNTY SHERIFF'S OFFICE

AUTHORIZATION TO OBTAIN GEORGIA DRIVING HISTORY (MVR)

I, _____, authorize the Fayette County Sheriff's Office to run a 7-year Georgia Driving History on me. This driving history will be used by the Background Investigator in determining my suitability for employment by the Fayette County Sheriff's Office.

Name as it appears on the Driver's License:

Date of Birth: _____

Georgia Driver's License Number: _____

Signature: _____ Date: _____

This affidavit sworn to and subscribed before me this _____ day of the month of _____, 20____.

Signature of Notary Public

Date