



# 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 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:  
Captain Tom W. Brenna**

**Fayette County Sheriff's Office  
155 Johnson Ave.  
Fayetteville, Georgia 30214  
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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 EMPLOYMENT

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

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

<b>POSITION APPLIED FOR</b>			
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 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: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSITION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSITION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSITION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**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: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

Street City/State Zip Code  
YEARS ACQUAINTED: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

Street City/State Zip Code  
YEARS ACQUAINTED: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

Street City/State Zip Code  
YEARS ACQUAINTED: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

Street

City/State

Zip Code

YEARS ACQUAINTED: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**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).

<b>DATE</b>	<b>LOCATION</b>	<b>CHARGE</b>	<b>DISPOSITION</b>

Have you ever received a Traffic Citation? YES:\* \_\_\_\_NO: \_\_\_\_

If yes, please furnish the following information (\*a yes may not preclude consideration).

<b>DATE</b>	<b>LOCATION</b>	<b>CHARGE</b>	<b>DISPOSITION</b>

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.

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**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 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 Officer, please complete the following:

CERTIFICATION #: \_\_\_\_\_ DATE OF CERTIFICATION: \_\_\_\_\_

IS CERTIFICATION CURRENT: YES: \_\_\_ NO: \_\_\_

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:

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Have you ever resigned in lieu of termination from any law enforcement agency? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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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: \_\_\_\_\_

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***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 truth verification exam 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.

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**SIGNATURE OF APPLICANT**

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**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 RUN 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 Driver's License: \_\_\_\_\_

\_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Georgia Driver's License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This affidavit sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

# APPLICATION QUESTIONNAIRE

**Instructions: If you answer “yes” to questions 3-31, you must explain the “yes” answer fully on the following answer sheet. Remember to indicate the question number that you are addressing. Failure to follow instructions will result in your application being returned to you.**

	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 conditional offer of employment?	_____	_____
3. Have you ever been rejected for employment, for any reason, by any law enforcement agency? If yes, what agency and why?	_____	_____
4. Have you ever been terminated by any law enforcement agency? If yes, please give the date of and reason for termination.	_____	_____
5. Have you ever been terminated or asked to resign for <b>ANY</b> job? If yes, list the name of the job(s), dates of employment and reason for termination or resignation under pressure.	_____	_____
6. Have you <b>EVER</b> been physically arrested or given a copy of charges for violation of any city, municipal, state or federal law?	_____	_____
7. Have you <b>EVER</b> appeared in any court (including juvenile) as a defendant to answer any city, municipal, state or federal criminal charge? If so, give the court in which you appeared and the disposition of the case. (i.e conviction, first offenders, charges dismissed, etc)	_____	_____
8. Have you <b>EVER</b> 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.	_____	_____
9. Have you <b>EVER</b> received any tickets for traffic violations (excluding parking tickets) on any license that you have held since you began driving? If yes, list type of violation, date received, jurisdiction and disposition. (i.e. fine, suspension, charges dismissed)	_____	_____

## APPLICATION QUESTIONNAIRE CONTINUED

	YES	NO
10. Have you <b>EVER</b> used, tried, ingested or experimented with marijuana (including as a juvenile or even one experimental use)? If yes, write the total number of times used, date of the first use and the date of the last use.	_____	_____
11. Have you <b>EVER</b> used, tried, ingested, or experimented with <b>ANY</b> other type of illegal narcotics or dangerous drugs (i.e. heroin, cocaine, hashish, speed, LSD, anabolic steroids, etc.)? If yes, indicate what type of drug, when you used it and how many times you used the drug.	_____	_____
12. Have you <b>EVER</b> sold any type of illegal drug, delivered illegal drugs, shared drugs with another person or directed another person where to buy drugs?	_____	_____
13. Have you ever filed or declared bankruptcy, had any judgments, repossessions, foreclosures or collections?	_____	_____
14. Do you know of anything that might prevent you from obtaining the position you have applied for?	_____	_____
15. Have you purposely omitted any information from your employment application?	_____	_____
16. Were you able to understand all of the questions in this application?	_____	_____
17. Have you ever committed an act that you were not caught doing, but if caught you would have been arrested? If yes, explain in detail.	_____	_____
18. Have you ever fraudulently obtained money? If yes, explain in detail.	_____	_____
19. Have you ever committed a fraudulent act against an employer? If yes, explain in detail.	_____	_____
20. Have you ever intentionally damaged the property of another? If yes, explain in detail.	_____	_____
21. Have you ever filed <b>any</b> false report? For any reason? If yes, explain in detail.	_____	_____

## APPLICATION QUESTIONNAIRE CONTINUED

- |   | YES   | NO    |
|---|-------|-------|
| 22. Since you have been an adult (18 years old), have you ever had sexual involvement with someone under the age of 18? If yes, explain in detail.<br>If yes, how old were they? _____ How old were you? _____ How long ago? _____                                      | _____ | _____ |
| 23. Have you ever been involved in a sexual act that if caught, you would have been arrested? If yes, explain in detail.  | _____ | _____ |
| 24. Have you ever been involved in a sexual act that if caught, you would have been fired from your employer? If yes, explain in detail.  | _____ | _____ |
| 25. Have you ever engaged in prostitution or used the services of a prostitute?<br>If yes, explain in detail.   | _____ | _____ |
| 26. Have you ever benefited from the sale of illegal drugs, either directly or indirectly, free drugs or sexual favors? If yes, explain in detail. (If you received any money from a friend or family member involved in drug sales indirectly, list and give details). | _____ | _____ |
| 27. Have you driven a motor vehicle under the influence of alcohol or drugs?<br>If yes, explain in detail.  | _____ | _____ |
| 28. Have you ever purchased or pawned an item that you knew or should have known was stolen? If yes, explain in detail.   | _____ | _____ |
| 29. Did you list <u><b>ALL</b></u> of your jobs for the past fifteen years on your employment application to include part-time and temporary jobs? If no, explain in detail.  | _____ | _____ |
| 30. Have you ever been charged with a crime?  | _____ | _____ |
| 31. Have you ever failed to pass a polygraph?   | _____ | _____ |

