



FRANKLIN COUNTY SHERIFF'S OFFICE ***Application for Employment***

Read the following instructions carefully and follow them exactly.

Fill in all blanks completely.

Attach a copy of your High School Diploma or GED, Birth Certificate, Social Security Card, Driver's License, Current POST Record. and DD214 (If military) to the back of this application.

Detach this sheet from you application prior to returning it to the Franklin County Sheriff's Office.

Consent to pre-employment physical and pre-employment personal history must be filled out and signed, notarized or witnessed by an employee of the Franklin County Sheriff's Office

Phone calls and appointments will not be accepted in reference to this application.

ALL FORMS MUST BE COMPLETED FOR THIS APPLICATION TO BE CONSIDERED.

Rev 8-1-2021 previous editions are obsolete

Date _____ Position applying for _____

Full Legal Name _____
(Last) (First) (Middle)

Date of Birth _____ Social Security # _____

Address _____

Home Phone _____ Work Phone _____ Other _____

This application will remain on file for 6 months from the date of application. Once this application has been received by the Franklin County Sheriff's Office, questions regarding the status of the application will not be accepted by telephone. Personal interviews will be arranged at the request of the Sheriff's Office.

Franklin County Government and the Franklin County Sheriff's Office are Equal Opportunity Employers.

Please print all information legibly in ink or use a typewriter. Answer all questions accurately and completely. Any false statement will disqualify you from consideration for employment.

BACKGROUND INFORMATION

Education

Are you a High School Graduate or do you hold a GED certificate? Yes _____ No _____
(Attach copy of diploma or GED) **If no, then you are not eligible to be certified.**

High school attended, include city, state, and year you graduated.

Business and/or trade school (name and address)

Hours credit _____ Major _____ Minor _____
Graduation date _____ Degree _____

College (name and address)

Hours credit _____ Major _____ Minor _____
Graduation date _____ Degree _____

Do you speak any foreign language fluently? _____ if so, list: _____

Military Status

Branch _____ Date of entry _____ Rank _____

Discharge Date _____ Type _____

(Attach copy of DD2124)

If you were discharged under any circumstances other than Honorable, explain:

(Attach additional pages if necessary)

Driver's License Information

Do you have a valid driver's license? _____ Number _____ State _____

If no, you are not eligible for employment.

If you have ever had a driver's license from another state, list state and number:

Have your driving privileges ever been denied, cancelled, revoked, or suspended? _____ if yes, explain, providing dates and complete reasons: _____

List all traffic violations within the last three (3) years for which you have been fined, imprisoned, or placed on probation; or for which you have been ordered to post bond or bail (*excluding parking violations*). For each violation, provide the date, nature of violation, name and location of the court, and penalty imposed, or other disposition. Use back, if necessary. (*Attach a certified copy of driver's history*)

List and describe circumstances of any motor vehicle accident in which you have been involved, stating if injuries resulted, providing location or city/state, and date of each accident. _____

CRIMINAL HISTORY

List all Criminal convictions other than traffic violations for which you have been fined, imprisoned or placed on probation; or any incident for which you have been arrested and ordered to post bond or bail. For each instance, provide the date, nature of violation, name and address of arresting agency and court jurisdiction, and penalty imposed, or other disposition. Use back, if necessary: _____

Are there currently any charges pending against you? _____ if yes, explain: _____

Have you ever committed or participated in any of the following crimes? _____
If yes, please circle the type of offense and provide dates of occurrence.

- Arson Fish/Game Violations Burglary Criminal Damage to Property Shoplifting
- Credit Card Fraud Illegal Drugs Child Molestation Assault/Battery Receiving Stolen Property
- Theft Illegal Possession of Firearms Gambling Illegal Wiretap Murder Vandalism
- Carrying a Concealed Weapon Computer "hacking" Kidnapping Terroristic Threats
- Escape Public Intoxication Rape Armed Robbery Forgery Trespassing Perjury
- Bribery Incest Stalking

If you circled yes to any of the above, please attach a written statement, to explain the circumstances.

Have you ever been arrested? _____ If yes, explain: _____

Are you currently or have previously been placed on probation? _____ If yes, explain: _____

Has anyone ever taken out a criminal arrest warrant for you? _____ If yes, explain: _____

Have you ever been questioned by Law Enforcement Authorities concerning involvement in criminal activity? _____ if yes, explain: _____

Have you ever been fingerprinted? _____ if yes, explain _____

Have you ever used or are you currently using illegal drugs or abusing prescription medication? _____

If yes, explain: _____

For each of the following drugs for which you have ever used or are currently using without a prescription, circle the appropriate drug type:

Marijuana Cocaine Crack Hashish Hash Oil Thai Stick Heroin Opium Codeine

Morphine Percodan Speed Amphetamine Rush Valium PCP Dilaudid Barbiturates

Preludin Methadone Peyote GHB Methaqualone Quaaludes Angel Dust Mescaline

LSD MDA Nexus Ecstasy Geek Joint Ice Mushrooms Other: _____

Have you ever sniffed glue, paint, acetone, or any other inhalant? _____

When was the last time you used or abused any drug or narcotic? _____

Are you currently or have you previously been party to a lawsuit or other civil action? _____ if yes, explain: _____

Are you currently or have you previously been declared bankrupt? _____ Do you currently have a bankruptcy pending? _____

Have you ever been denied credit? _____ if yes, provide names, places, dates, and reasons:

Have you ever written a bad check for which you were ordered by a court to make restitution or had a bad check citation or warrant issued? _____ If yes, explain:

REFERENCES

Please provide the name and addresses of four (4) references to contact in regard to your suitability for employment with the Franklin County Sheriff's Office. You may include former employers, teachers, friends, or others that might be in position by which they would be familiar with your qualifications for the position for which you are applying. Complete address is necessary.

Family members should not be used for purpose of references.

Name _____ Position _____

Address _____ Phone _____

Name _____ Position _____

Address _____ Phone _____

Name _____ Position _____

Address _____ Phone _____

Name _____ Position _____

Address _____ Phone _____

EMPLOYMENT HISTORY

Most recent first, attach additional pages if necessary.

Company name _____ Phone _____

Address _____

Employed from _____ to _____, Total years _____ Months _____

Your Position _____ Supervisor _____

Your Specific Duties _____

Starting Wage _____ Ending Wage _____

Reason for leaving _____

Company name _____ Phone _____

Address _____

Employed from _____ to _____, Total years _____ Months _____

Your Position _____ Supervisor _____

Your Specific Duties _____

Starting Wage _____ Ending Wage _____

Reason for leaving _____

Company name _____ Phone _____

Address _____

Employed from _____ to _____, Total years _____ Months _____

Your Position _____ Supervisor _____

Your Specific Duties _____

Starting Wage _____ Ending Wage _____

Reason for leaving _____

Company name _____ Phone _____

Address _____

Employed from _____ to _____, Total years _____ Months _____

Your Position _____ Supervisor _____

Your Specific duties _____

Starting Wage _____ Ending Wage _____

Reason for leaving _____

SOCIAL MEDIA

Do you currently maintain any social networking platforms (including but not limited to: Facebook, Twitter, MySpace, LinkedIn, Foursquare, Gowalla Police Pulse, The Squad Room, Tik Tok, Instagram, usenet groups, online forums, message boards or bulletin boards, blogs, and other similarly developed formats)?_____

If so, please provide user names for each account:

Willingness Statement

I understand that the Franklin 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 members 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, members of the Department work in hazardous and potentially life threatening situations and I will be required to work under those conditions. Members of the Franklin 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 Department. Prospective members of the Franklin County Sheriff’s Office must agree to submit to and successfully complete a written pre-employment aptitude examination, background examination, physical examination and voice stress analysis as a condition of employment. I understand that by signing this application, I am willing to accept and abide by these general conditions. I am also aware that all employees of the Franklin County Sheriff’s Office are *at will* employees and are hired, retained, and released from duty at the *pleasure of the Sheriff*.

Certification

I certify that the answers 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 Franklin 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 outlined in the above titled “Willingness Statement”. In the event of employment, I understand that false or misleading information given in my application for employment or interview(s), or the withholding of information, may result in termination of my employment.

SIGNATURE OF APPLICANT

DATE

Request for consent to pre-employment physical for Franklin County

Patient Name _____

I understand that I will receive the following:

- Review of present and past medical history
- Physical exam (review of all symptoms)
- Pap smear, if indicated and applicable
- Multi – 24 – CBC and urinalysis
- Drug screen today, or called back at a future date

I understand that I will be notified of any abnormal results and I will be responsible for all follow-up care. I also understand that these are only screening procedures and that these procedures do not replace recommended periodic physical examinations.

I have read the above and have been given the opportunity to ask questions. I sign this document stating that all information given is correct to the best of my knowledge.

I also release Franklin County and any of its employees from any and all liability for any adverse results that may occur from the examination or any medical history given by me.

Signature of Patient _____ Date _____

Witness _____ Title _____

Personal Criminal History Release

I hereby authorize a review and full disclosure of all records concerning myself to the duly authorized agent of the Franklin County Sheriff's Office.

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

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

I understand that information may be obtained through the use of this waiver at any time during which it is maintained with the Franklin County Sheriff's Office.

Printed Name _____ Signature _____

Social Security # _____ Date of Birth _____

Address _____

Notary Certification:

This _____ Day of _____

(Notary Public)

My Commission Expires _____

Attach a legible photocopy of your driver's license, social security card, and high school diploma (or GED) to this application.

**INFORMED CONSENT RELEASE AND HOLD HARMLESS FOR
CONFIDENTIALITY OF PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATA**

I fully recognize that under Georgia law, individuals must clearly demonstrate their personal, medical, and psychological fitness to serve in the position of a peace officer. I further recognize that an employing agency has both a legal and a moral obligation to make every reasonable effort to ensure that any person employed by them as a peace officer will conform to the very highest standards. I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness, and that such investigation will include contacting persons and/or organizations who have information relating to my fitness, including if I am or have been a peace officer in Georgia. I further understand that this background investigation includes a credit check and that negative credit information may be considered as part of this process. I understand that under the law I am entitled to a copy of the credit report. I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless confidentiality of their information can be guaranteed on a permanent basis. I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy. I have also been informed that because this background investigation is either mandated by law, responses from persons contacted, whether solicited or unsolicited, may enjoy absolute privilege under Georgia Law. Therefore, I exonerate, release, and discharge both my prospective employer, their officers, agents, or assigns, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this pre-employment investigation declared confidential pursuant to law, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person. I have had adequate time to review this form, I understand its meaning and purpose and have been furnished a copy of it.

Dated this ____ day of _____, 20____, in Franklin County, State of Georgia.

(This release is valid for 120 days from the date of signature).

Signed

Printed Name

Witness Signed

Printed

APPLICATION WILL NOT BE CONSIDERED OR INVESTIGATED IF THIS RELEASE IS NOT COMPLETED.

Applicant Privacy Rights

Notification Signature Form

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34. procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the FBI website.

Signature

Printed name

Date

Georgia Driver's History Consent Form

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the **Franklin County Sheriff's Office** to receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print) _____

Address _____

Sex _____ Race _____ Date of Birth _____

Social Security Number _____

Driver's License Number _____

This authorization is valid for 90 days from the date of signature.

Signature _____ Date _____

To be completed by CJIS network operator:

Date of Inquiry _____ Time of Inquiry _____

Operator's Initials _____ Date Results Provided _____

Person Results Provided to _____

FRANKLIN COUNTY SHERIFF'S OFFICE CONTRACT FOR REIMBURSEMENT

O.C.G.A. § 35-8-22. Reimbursement of training expenses by subsequent employer of peace officer reads as follows:

a. Unless otherwise provided by an employment contract to the contrary, if the State of Georgia or any county or municipality thereof employs a peace officer and said peace officer is hired by another agency within 15 months after completing mandated or formalized training requirements, then the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. If said officer is hired by another agency during a period of 15 to 24 months after mandated or formalized training requirements are completed, then one-half of the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. The council shall set standards for reimbursement by hiring agencies based upon actual expenses incurred in mandated or formalized training by individual departments.

b. The State of Georgia or any county or municipality thereof which initially paid for the training of a peace officer shall submit an itemized, sworn statement to the new employer of the peace officer and shall demand payment thereof and may enforce collection of such obligation through civil remedies and procedures.

c. Effective July 1, 2003, in order for the State of Georgia or any county or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the peace officer in question signed an acknowledgement of the terms of this Code section or an employment contract specifying the provisions of this Code section prior to such peace officer's employment with the demanding governmental unit. Otherwise, this Code section shall not apply to such demand for reimbursement.

WHEREAS, the above-referenced state statute provides for certain monetary obligations in reference to Peace Officer Standards and Training (P.O.S.T.) Basic Peace Officer Mandate training;

WHEREAS, the Franklin County Sheriff's Office does not wish to incur any liability for reimbursement of any expenses relating to the provisions of the above-referenced state statute;

THEREFORE, for and in consideration of my employment with the Franklin County Sheriff's Office and other mutual consideration,

I, _____, the undersigned, an applicant for employment with the Franklin County Sheriff's Office, hereby certify and affirm that I have read the provisions of O.C.G.A. § 35-8-22. I further certify and affirm that I hereby covenant and acknowledge the following:

(NOTE: INITIAL THE SECTION THAT APPLIES AND PLACE AN "X" NEXT TO THOSE SECTIONS THAT DO NOT APPLY)

_____ That I have not completed the Peace Officer Standards and Training (P.O.S.T.) Basic Peace Officer Mandate training nor have any expenses towards such training been paid for on my behalf by any law enforcement agency. I understand that should the Franklin County Sheriff's Office incur expenses (to include salary expenses paid during the time of such training) in providing me with such training and should I obtain employment with any other state, local, or municipal law enforcement agency within TWENTY-FOUR (24) months of completing such training, that I will personally assume full financial responsibility for all reimbursements due to the Franklin County Sheriff's Office pursuant to O.C.G.A. § 35-8- 22 not reimbursed, within ten (10) days of my leaving employment with the Franklin County Sheriff's Office, by my subsequent law enforcement employer. This obligation may be enforced by garnishment of my wages or any other remedial action available.

_____ That I have completed the Peace Officer Standards and Training (P.O.S.T.) Basic Peace Officer Mandate training when I was employed by _____ (NAME OF LAW ENFORCEMENT AGENCY THAT PAID FOR SAID TRAINING) and have completed at least TWENTY-FOUR (24) months of service, subsequent to my completing the training, with that law enforcement agency.

_____ That I completed the Peace Officer Standards and Training (P.O.S.T.) Basic Peace Officer Mandate training while I was employed by _____ (NAME OF LAW ENFORCEMENT AGENCY THAT PAID FOR SAID TRAINING) but have not completed at least TWENTY-FOUR (24) months of service, subsequent to my completing the training, with that law enforcement agency. Should I be offered a position with the Franklin County Sheriff's Office, I fully understand that said offer is conditional and that I will not be permitted to begin my employment with the Franklin County Sheriff's Office until I have personally compensated the law enforcement agency that paid for such training and/or obtained a written release, signed by the Sheriff, Chief, or Chief Executive of said agency, waiving any and all financial obligations due under O.C.G.A. § 35-8-22. I further understand that this conditional offer of employment may be revoked if I have not provided the required written release to the Franklin County Sheriff's Office within FIVE (5) days of the conditional offer of employment being made.

Applicant _____ Date _____

Witness _____ Date _____