

LEE COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION

DATE OF APPLICATION _____ RECEIVED BY: _____

APPLICANT INFORMATION			
Last Name	First	Middle;	
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Cell Phone	E-mail Address	
Date Available	Social Security No.	Date of Birth	
When are you available? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary			
Position Applied for <input type="checkbox"/> Deputy Sheriff <input type="checkbox"/> Detention Officer <input type="checkbox"/> Dispatcher			
Are you certified by the GA P.O.S.T Counsel for this position? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> Born <input type="checkbox"/> Naturalized <input type="checkbox"/> U.S Citizen parents			
If employed and you are under the age of 18 can you furnish a work permit? YES <input type="checkbox"/> NO <input type="checkbox"/> Applicant must be a U.S. Citizen (Post Rule 464-3-02) (Proof of citizenship or immigration status will be required before employment)			
Have you ever filled out an application here before? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever worked for this agency? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/> May we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you on layoff and subject to recall? YES <input type="checkbox"/> NO <input type="checkbox"/> Can you travel if job requires it? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been arrested? YES <input type="checkbox"/> NO <input type="checkbox"/> Convicted? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain?			
Have you ever been arrested for a Family Violence, theft, or dishonesty? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain?			
Have you ever been arrested for a crime in which alcohol or drugs were a factor? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain?			

****((If yes a copy of police incident report and court disposition regarding the arrest must be provided at time of employment))

WE ARE AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H (Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or presence of non-job-related medical condition or handicap.

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1. Do you use alcohol? YES NO If yes, with what frequency/(how often)? _____

2. Are you currently taking **ANY** type of drugs, legal or illegal? YES NO If yes, give a complete list of all drugs you are taking:

3. Have you **EVER** used Marijuana, Cocaine, Methamphetamine, Heroin, LSD or any other type of illegal drug?

YES NO

If yes, list approximate type and dates of the last time you used any of these substance

4. Are you free from physical, emotional or mental conditions, which would affect exercising power of arrest?

YES NO

Required of O.C.G.A. 35-8-8 (If no and take medications to remedy the affect of this condition a recommendation from your physician will be required at time of employment)

5. Are you currently or have you ever been subject to qualifying for protection order prohibiting the possession of firearm or ammunition?

YES NO (If yes, copy of order will be required at time of employment)

6. Have you ever served in the military? YES NO

If yes, what branch? _____

If yes, a copy of your DD214 long form, what will be required at time of employment.

Give Dates Served _____ to _____

If you are currently serving or have ever served in the reserves, a letter from your military reserve commander regarding your service record will be required at time of employment.

7. List professional, trade, business or civic activities and offices held. (You may exclude those, which indicate race, color, religion, sex, or National origin.)

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REFERENCES

Please list three professional references that are not related to you and are not previous employers. (failure to do so may hinder your application from being processed)

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amend, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are disabled veteran, or have physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified please sign. Sign _____

Handicapped Individual Disabled Individual Vietnam Era Veteran

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**PREVIOUS EMPLOYMENT
PLEASE LIST YOUR PLACES OF EMPLOYMENT FOR THE LAST 10 YEARS**

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary		Ending Salary
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary		Ending Salary
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary		Ending Salary
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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EDUCATION

	<u>Elementary</u>	<u>High</u>	<u>College/University</u>	<u>Graduate/Professional</u>
School Name				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree		YES NO	YES NO	YES NO
Describe course of study				

Describe Specialized Training, apprenticeship, Skills and Extra-curricular Activities: _____

1. ****Copy of your high school diploma will be required at time of employment.**** Honors received: _____

2. State any additional information you feel may be helpful to us in considering your application. _____

3. Why do you want to work for the Lee County Sheriff's Office? _____

4. You have applied for a specific job in mind why do you want to do that job? _____

5. What skills and assets would you bring to Lee County Sheriff's Office? _____

6. Do you consider yourself to have good character? YES NO
7. Have your actions ever been considered by you or anyone else to be characterized as a disregard for law? YES NO

If yes, please explain _____

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Applicant's Certification and Agreement Authorization to Release Information Conditions of Employment

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsification of this information are grounds for refusal to hire, or, if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application.

If I am employed by the Lee County Government, I agree to conform to the policies, rules and regulations of the Government set forth in the Lee County Government's Personnel System, employee handbook, policies, and ordinances; and acknowledge that these policies, rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I am employed by the employer, my employment will be at will and may be terminated with or without cause at any time by me or by the employer until I become a non-probationary regular employee. If required by the Lee County Government for the position I am applying, I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

This Application Will Remain Active For Ninety (90) Days Only Unless Renewed Personally By Me In Writing.

Before an applicant can be selected for employment with Lee County Government, he/she must submit to a drug test. Should you be offered a job with Lee County Government, your position may require random drug testing.

May we contact your present employer? YES NO

(You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.)

Date: _____ Signature of Applicant: _____

Alcohol and Controlled Substance Testing

As a condition of employment by Lee County Government, you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988.) In order to be employed by the Lee County Government, you must successfully pass this screening test.

By signing this form, you are acknowledging that you consent to such an examination and screening test.

Date: _____ Signature of Applicant: _____

Georgia Bureau of Investigation Georgia Crime Information Center
Consent Form

I hereby authorize the Lee County Sheriff's Office to receive any Georgia or III criminal history record information pertaining to me, as authorized under state law for individuals seeking employment with a criminal justice agency.

Full Name (please print)

Physical Address

city/state/zip

Sex

Race

Date of Birth

Social Security Number

Special employment provisions (check if applicable):

- Employment with criminal justice agency - civilian (Purpose code 'J')
- Employment with criminal justice agency - P.O.S.T. certified (Purpose code 'Z')

One of the following must be checked:

- This authorization is valid for 90/180/____ (circle one) days from date signed.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this agency.

Signature

Date

