

*CARROLL COUNTY SHERIFF'S  
OFFICE  
Application for Employment*



**Have you read the qualifications to become a certified Peace Officer/Jailer? If yes, 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, and DD214 (If military) to the back of this application.

Detach this sheet from your application prior to returning it to the Carroll 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 Carroll County Sheriff's Office**

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

Date \_\_\_\_\_

Position applying for \_\_\_\_\_

Full Legal Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

*This application will remain on file for 12 months from the date of application. Once this application has been received by the Carroll 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.*

*Carroll County Government and the Carroll 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 \_\_\_\_\_

Graduate School (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? Yes \_\_\_\_\_ 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 Carroll 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.

*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 \_\_\_\_\_

Company name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_, Total years \_\_\_\_\_ Months \_\_\_\_\_  
Your Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
Your Specific Duties \_\_\_\_\_  
Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

I certify that the statements and information made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements herein are sufficient grounds for rejections of this application or dismissal from employment from the Carroll County Sheriff's Office. I further understand that I may be required to submit to a pre-employment polygraph examination and a literacy and skills test.

Signed \_\_\_\_\_ Date \_\_\_\_\_

***Request for consent to pre-employment physical for Carroll 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 Carroll 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 History Release***

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

I understand that any information obtained by a personal 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 Carroll 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 Carroll 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.***  
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**CARROLL COUNTY SHERIFF'S OFFICE**

**ACKNOWLEDGEMENT BY APPLICANT OF TRAINING  
REIMBURSEMENT REQUIREMENT**

I, \_\_\_\_\_ (Applicant) acknowledge that I have read in full the terms of OCGA § 35-8-22 entitled "Reimbursement for Peace Officer's Mandated or Formalized Training," and set forth below:

**OCGA § 35-8-22. Reimbursement for peace officer's mandated or formalized training**

(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 acknowledgment 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness