



**FLOYD COUNTY, GEORGIA  
OFFICE OF THE SHERIFF  
TIM BURKHALTER, SHERIFF**

*Lt. Scott Knight*

*"Sheriff's Community Posse"*

*(706) 291-4111, ext. 875*

**COMMUNITY POSSE  
APPLICANT QUESTIONNAIRE**

**CONTACT NUMBERS: (Home)** \_\_\_\_\_

**(Work)** \_\_\_\_\_

**(Cell)** \_\_\_\_\_

**(Email)** \_\_\_\_\_

**AVAILABLE EQUIPMENT:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FLOYD COUNTY SHERIFF'S OFFICE**  
**2526 New Calhoun Highway**  
**Rome, Georgia 30161**

**BACKGROUND INVESTIGATION**

**PERSONAL DATA**

(Please print)

Name: (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (Maiden):  
\_\_\_\_\_

Home Address:  
\_\_\_\_\_  
\_\_\_\_\_

How long at your present address: \_\_\_\_\_ Social Security Number:  
\_\_\_\_\_

Contact Numbers: (Home) \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Email):  
\_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Place of Birth:  
\_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair:  
\_\_\_\_\_

**MILITARY SERVICE**

Were you in the U.S. Military: \_\_\_\_\_ If yes, name of branch:  
\_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Discharge:  
\_\_\_\_\_

Are you a member of any reserve unit? \_\_\_\_\_ If yes, name of unit and location:  
\_\_\_\_\_

Unit Address:  
\_\_\_\_\_  
\_\_\_\_\_

Commanding Officer: \_\_\_\_\_ MOS: \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Location: \_\_\_\_\_ Highest Grade:  
\_\_\_\_\_

Please List Any College, University, Technical College Attended:

Name Received	Dates Attended	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT HISTORY**

Are you a certified as a Georgia peace officer: Y / N Are you certified as a Georgia jail officer: Y / N

Do you hold a certification as a peace officer in another state: Y /N If so, what state:  
\_\_\_\_\_

Please list your last five (if applicable) places of employment, beginning with the most recent:

Name	Location	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONAL REFERENCES**

(Please list three references other than family members or coworkers)

Name: \_\_\_\_\_ Phone Number:

\_\_\_\_\_

Address:

\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number:

\_\_\_\_\_

Address:

\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number:

\_\_\_\_\_

Address:

\_\_\_\_\_



# FLOYD COUNTY, GEORGIA

Tim Burkhalter, Sheriff

OFFICE OF THE SHERIFF

I hereby authorize the Floyd County Sheriff's Office to release any and all criminal history record information pertaining to me which may be in the files of any local, state, and/or federal criminal justice agency. I do hereby release the Floyd County Sheriff's Office and all personnel from any damages because of, or resulting from, furnishing such information.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

**FOR OFFICIAL USE ONLY  
DO NOT WRITE IN THIS SPACE  
FCSO GA0570000**

\_\_\_\_\_ **NO RECORD FOUND**

\_\_\_\_\_ **SEE ATTACHED RECORD**

\_\_\_\_\_  
**AGENCY SIGNATURE**

**DATE** \_\_\_\_\_

**\*NOT OFFICIAL WITHOUT  
DEPARTMENT SEAL**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

