

Walker County Sheriff's Office

105 S. Duke St. * P.O. Box 767 * LaFayette, GA 30728

(706)638-1909

Steve Wilson, Sheriff

Dear Applicant:

I am pleased you have decided to apply for employment with the Walker County Sheriff's Office. High standards for employment have been established to best serve and protect the people of Walker County. It is the policy of this agency to employ only the best qualified individuals for available positions; therefore, the employee selection process is thorough and regimented. The employment process affords equal opportunity to everyone with all eligible applicants being considered as positions become available.

The attached application is lengthy and requires that you provide detailed information and documentation. Due to the nature of law enforcement-related employment, accurate and extensive information is required as a basis for hiring. Failure to complete the application in its entirety (including all required document copies, notary and witness signatures) will render the application invalid and will prevent the applicant from being considered for employment. Any false information provided in the application and/or statements made during interviews, or failure to comply with other consent requirements such as drug screening or polygraph testing may result in termination at any time. This application will remain active and on file for a period of one year after receipt.

Additional requirements for employment include a complete background investigation, drug screening, polygraph testing, and an in-depth interview. Applicants offered employment will be subject to a six-month working test period during which performance will be evaluated prior to an offer of continuing employment.

Any questions regarding this application should be directed to Sheriff Wilson's secretary, Kimberly Brown. Upon completion of the application package, please place all material in the envelope supplied, print your name in the space provided on the envelope, and return to the Sheriff's Office.

Sincerely,

Steve Wilson, Sheriff

JOB APPLICATION QUESTIONNAIRE

APPLICANT'S NAME: _____
LAST FIRST MIDDLE

This employment application is neither an offer of employment nor a contract for employment. The completion of this application does not stand as an agreement or promise to hire the applicant.

This employment application is the basis for the employment screening process and background investigation conducted by the Walker County Sheriff's Office on each applicant for a position of employment. The answers that you provide for each question on this application must be legibly printed or typed and complete. Any information that is erroneous in nature or not provided on this application, whether intentional or unintentional, will constitute the basis for your elimination from consideration for the employment which you now seek. Additionally, any fraudulent, misleading, or missing information from this application discovered after employment with the Walker County Sheriff's Office may be grounds for termination. Please be sure that you carefully consider each and every question asked of you by this application and that you provide honest and complete information. If the question does not apply to you, put "N/A" for the answer to that particular question. Any answer which requires more space than is provided may be answered on the reverse side of the page, with the question number indicated beside the information. Incomplete applications will not be accepted. All areas which indicate witness or notary must be completed.

I understand that if I do not wish to answer a question in this booklet, I may choose not to do so and my application will be terminated.

I have read and understand the above statement.

Applicant signature: _____ Date: _____

Witness Name (print): _____ Date: _____

Witness Signature: _____ Date: _____

APPLICANT DO NOT WRITE BELOW THIS LINE

RECEIVED AT WALKER COUNTY SHERIFF'S OFFICE ON DATE: _____

I. PERSONAL INFORMATION

Applicant Name: _____
LAST FIRST MIDDLE

Other Names Used: _____
(Maiden Name, Nicknames)

Date of Birth: _____

Place of Birth: _____
City County State Country

Social Security Number: _____ - _____ - _____

Weight: _____ Height: _____ Eye Color: _____

Present Address: _____
Street

City State

Zip Code County

Telephone Numbers: Work () _____ Home () _____ Cell () _____

List All Residence During Past Ten (10) Years:

Street Address: _____
City: _____ State: _____ From: _____ To: _____

Street Address: _____
City: _____ State: _____ From: _____ To: _____

Street Address: _____
City: _____ State: _____ From: _____ To: _____

Street Address: _____
City: _____ State: _____ From: _____ To: _____

Street Address: _____
City: _____ State: _____ From: _____ To: _____

I. PERSONAL INFORMATION (CONTINUED)

Marital Status (Circle One)

Spouse Deceased Divorced Single
Separated Married

Present Spouse Information:

Name: _____
First Middle Last Maiden
Date of Birth: _____ Place of Birth: _____
SSN: _____ - _____ - _____ Date of Marriage: _____
County/State of Marriage: _____
Spouse Occupation/Employer: _____

List below every child born to you, adopted by you, and any stepchildren or children supported by you:

Name Age Where Resides

Previous Marriage Information: Ex-spouse's
Name: _____
Cause for no longer being married (divorced, deceased, etc.) _____
Ex-spouse's Name: _____
Cause for no longer being married (divorced, deceased, etc.) _____
Ex-spouse's Name: _____
Cause for no longer being married (divorced, deceased, etc.) _____

Please list as references three individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone: () _____ Home Phone: () _____

I. PERSONAL INFORMATION (CONTINUED)

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone: () _____ Home Phone: () _____

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone: () _____ Home Phone: () _____

IF IT BECAME NECESSARY IN YOUR LAW ENFORCEMENT DUTIES TO TAKE A HUMAN LIFE, WOULD YOU HAVE RELUCTANCE TO DO SO BECAUSE OF RELIGIOUS OR OTHER BELIEFS? YES _____ NO _____

Are you a United States citizen? Yes _____ No _____

If No, explain:

Do you currently have any relatives employed with the Walker County Sheriff's Office?
Yes _____ No _____ If yes, list below:

RELATIONSHIP

Do you speak any foreign languages? Yes _____ No _____

If yes, what language(s) and how fluently?

II. EDUCATION

A. List all high schools attended (beginning with most recent)

Name of High School: _____

Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____
Dates attended: From: _____ To: _____

Name of High School: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____
Dates attended: From: _____ To: _____

Name of High School: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____
Dates attended: From: _____ To: _____

Did you graduate from high school? Yes _____ No _____
If Yes, name of school: _____
Date of Graduation: _____ Phone # of school: () _____
If no, have you completed your GED? Yes _____ No _____
If yes, name of issuer? _____
Phone # of issuer () _____
Date of completion: _____

B. List all colleges and/or universities attended (beginning with most recent):

Name of college or university: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Date Attended: From _____ To _____

Name of college or university: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Date Attended: From _____ To _____

Name of college or university: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Date Attended: From _____ To _____

II. EDUCATION (CONTINUED)

Did you graduate from any colleges or universities? Yes _____ No _____
If Yes, complete section below:

Name of college or university: _____
Phone # of college or university: () _____
Degree obtained: _____ Graduation date: _____

Name of college or university: _____
Phone # of college or university: () _____
Degree obtained: _____ Graduation date: _____

C. List all specialized schools attended (beginning with most recent):

(Trade, Business, Correspondence, Law Enforcement, Etc...)

Name of school: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Date Attended: From _____ To _____

Name of school: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Date Attended: From _____ To _____

Name of school: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Date Attended: From _____ To _____

III. EMPLOYMENT

List all employers in the last ten (10) years beginning with the most current. Use the reverse side of page, if necessary:

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Date of Employment: From _____ To _____
Reason for Leaving: _____

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Date of Employment: From _____ To _____
Reason for Leaving: _____

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Date of Employment: From _____ To _____
Reason for Leaving: _____

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Date of Employment: From _____ To _____
Reason for Leaving: _____

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Date of Employment: From _____ To _____
Reason for Leaving: _____

III. EMPLOYMENT (CONTINUED)

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Date of Employment: From _____ To _____

Reason for Leaving:

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Date of Employment: From _____ To _____
Reason for Leaving:

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Date of Employment: From _____ To _____
Reason for Leaving:

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Date of Employment: From _____ To _____
Reason for Leaving:

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Date of Employment: From _____ To _____
Reason for Leaving:

III. EMPLOYMENT (CONTINUED)

Would any problem result if your present employer was contacted during the background investigation? Yes _____ No _____

Have you ever been fired or asked to resign from any place of employment?

Yes _____ No _____

If yes, explain: _____

Has a supervisor ever reprimanded you for being late or absent?

Yes _____ No _____

If yes, explain: _____

Have you ever served in the United States military? Yes _____ No _____

If yes, please complete section below:

Branch: _____ Service number: _____

Dates: From: _____ To: _____

Job Duties: _____

Type of Discharge: _____

Were you ever court martial led, tried on charges, or the subject of company punishment or other disciplinary action while a member of the armed forces? Yes _____ No _____

If yes, explain: _____

Are you currently a member of the National Guard or any Reserve Unit?

Yes _____ No _____

If yes, indicate name of unit, location, and assignment: _____

**WALKER COUNTY SHERIFF'S OFFICE
POLYGRAPH EXAMINATION AGREEMENT**

I, the undersigned applicant for a position with the Walker County Sheriff's Office, understand and agree to voluntarily submit to a polygraph examination by a forensic psychophysiologicalist prior to being accepted for employment with the Walker County Sheriff's Office. The undersigned person also understands and agrees that he/she will voluntarily submit to a polygraph examination by a forensic psychophysiologicalist pursuant to an administrative investigation at any time during employment with the Walker County Sheriff's Office.

The undersigned person also understands and agrees that any polygraph examination given pursuant to an administrative investigation will only be considered for administrative or departmental purposes relating to his/her employment by the Walker County Sheriff's Office. The undersigned person further agrees and understands to release, absolve and forever hold harmless the Walker County Commissioner and the Walker County Sheriff's Office, its officers, agents and employees and any authorized firm conducting the polygraph examination, their agents, officers, and employees from any liability resulting from the operation of the equipment or use of the results obtained therefrom. This also applies to any and all suits, action, or causes of action at law, claim, demand or liability which the undersigned, his or her successors, assigns, heirs, executors, or administrators have now or may ever have resulting directly, indirectly, or remotely from the undersigned person having taken such polygraph.

Signature Date

Witness Date

**WALKER COUNTY SHERIFF'S OFFICE
CRIMINAL/DRIVER HISTORY CONSENT FORM**

I hereby authorize the Walker County Sheriff's Office to receive any criminal history record information pertaining to me which may be in the files of any criminal justice agency of the Federal government, any state, or local criminal justice agency in the State of Georgia.

Full name (printed)

Address

City State Zip Code

_____-_____-_____
Social Security Number

_____-_____-_____
Date of Birth Race Sex

_____-_____-_____
Driver's License Number State

Signature of Applicant Date

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public, State of Georgia

My Commission expires:

**WALKER COUNTY SHERIFF'S OFFICE
AUTHORIZATION TO RELEASE INFORMATION**

I, _____, do hereby authorize a review of and a full disclosure of all records concerning myself to the Walker County Sheriff's Office.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial statements and records wherever filed; and the U.S. Veteran's Administration; employment records, including background reports, efficiency ratings, complaints or grievances filed against me whether representing me or another person in any case either criminal or civil in which I present have or have not had an interest.

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 Walker 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 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 of Applicant

_____-_____-_____
Social Security Number

Date

Witness Signature

Date

**WALKER COUNTY SHERIFF'S OFFICE
CONSENT FOR DRUG TESTING**

The undersigned applicant for a position with the Walker County Sheriff's Office understands and agrees to voluntarily submit to the collection of blood and/or urine samples for the purpose

of determining the presence of alcohol and/or drugs, if any, prior to being accepted for employment.

The undersigned person also understands and agrees to voluntarily submit to the collection of blood and/or urine samples for the purpose of determining the presence of alcohol and/or drugs, if any, on random testing basis, if instituted by the Sheriff and/or pursuant to an administrative investigation at any time during employment with the Walker County Sheriff's Office.

The undersigned also understands and agrees to the release of any and all information obtained relevant to the alcohol and/or drug testing and understands that refusal to participate and/or positive test results may be grounds for termination.

Signature Date

Witness Date

IV. DRIVING RECORD

Do you have a current driver's license? Yes _____ No _____

If yes, complete below:

State of Issuance: _____ Date of Issuance: _____

License Number: _____ License Class: _____

Restrictions: _____

List any past driver's license information:

State of Issuance License Number

Do you have liability insurance at the present time?

Yes _____ No _____

Have you ever had a driver's license suspended, revoked, or refused?

Yes _____ No _____

If yes, explain: _____

Have you ever been charged with driving under the influence of drugs or alcohol?

Yes _____ No _____

If yes, explain: _____

List all traffic citations within the past ten (10) years

Violation: _____ Date: _____

Location: _____

City County State

Violation: _____ Date: _____

Location: _____

City County State

Violation: _____ Date: _____

Location: _____

City County State

Violation: _____ Date: _____

Location: _____

City County State

Violation: _____ Date: _____

Location: _____

City County State

Do you have any traffic citations which have not been disposed of (i.e. paid fine, dismissed, etc...)? Yes _____ No _____

If yes, explain: _____

Have you ever been involved as a driver in a motor vehicle accident?

Yes _____ No _____

If yes, explain: _____

V. FINANCIAL INFORMATION

Have you ever filed for Bankruptcy Chapter 7, Chapter 11, or Chapter 13?

Yes _____ No _____

If yes, explain: _____

Have you ever been declared bankrupt? Yes _____ No _____

If yes, explain: _____

Are you presently under any court order to make payments on any person(s), company, etc...? Yes _____ No _____

If yes, explain: _____

Have any of your bills ever been turned over to a collection agency?

Yes _____ No _____

If yes, explain: _____

Have you ever had anything repossessed? Yes _____ No _____

If yes, explain: _____

Are you currently delinquent to any creditors?

Yes _____ No _____

If yes, explain: _____

VI. CRIMINAL ACTIVITY

Have you ever been detained, arrested, or convicted for any criminal offenses? (Include juvenile offenses) Yes _____ No _____

Charge _____ Date _____

Law Enforcement Agency involved _____

Disposition _____

Charge _____ Date _____

Law Enforcement Agency involved _____

Disposition _____

Charge _____ Date _____

Law Enforcement Agency involved _____

Disposition _____

Have you ever been convicted of any Domestic Violence related offense?

Yes _____ No _____

If yes, explain: _____

Have you ever tried or used marijuana? Yes _____ No _____

If yes, how many times? _____

When was the first time? _____

When was the last time? _____

Have you ever sold, delivered, and/or stored any illegal drugs?

Yes _____ No _____

If yes, explain: _____

VI. CRIMINAL ACTIVITY (CONTINUED)

Have you ever used or experimented with any illegal drugs other than marijuana? (PCP, THC, LSD, Mushrooms, Heroin, Cocaine, Crack, Quaaludes, Opium, Uppers, Downers, STP, Meth, Others) Yes _____ No _____

If yes, complete below:

Drug _____ Number of times used _____

First time used _____ Last time used _____

Drug _____ Number of times used _____

First time used _____ Last time used _____

Drug _____ Number of times used _____

First time used _____ Last time used _____

Have you ever used prescription medicine that was prescribed for another person?

Yes _____ No _____

If yes, complete below:

Medication _____ Number of times used _____

First time used _____ Last time used _____

Medication _____ Number of times used _____

First time used _____ Last time used _____

Medication _____ Number of times used _____

First time used _____ Last time used _____

Medication _____ Number of times used _____

First time used _____ Last time used _____

Medication _____ Number of times used _____

First time used _____ Last time used _____

Medication _____ Number of times used _____

First time used _____ Last time used _____

VI. CRIMINAL ACTIVITY (CONTINUED)

Do you drink alcoholic beverages? Yes _____ No _____

If yes, how many per week? _____

Have you ever lost a job because of a drinking problem?

Yes _____ No _____

If yes, explain: _____

Has any member of your family ever been arrested for or convicted of a felony crime?

Yes _____ No _____

If yes, explain: _____

Have you ever been involved in any illegal activities associated with gangs, hate groups, labor unions, or groups dedicated to the overthrow of any government?

Yes _____ No _____

If yes, explain: _____

VII. PREVIOUS LAW ENFORCEMENT EXPERIENCE

COMPLETE THIS PAGE ONLY IF YOU HAVE PREVIOUSLY WORKED FOR A LAW ENFORCEMENT AGENCY.

Have you complete the requirements and received Federal or State Certification related to law enforcement employment? Yes _____ No _____

If yes, complete below:

Type Certification _____ Certification Number _____
Date of Certification _____ Certifying Agency _____

Type Certification _____ Certification Number _____
Date of Certification _____ Certifying Agency _____

Type Certification _____ Certification Number _____

Date of Certification _____ Certifying Agency _____

Do you have any special certifications? Yes _____ No _____

If yes, complete below:

Type Certification _____ Certification Number _____

Date of Certification _____ Certifying Agency _____

Type Certification _____ Certification Number _____

Date of Certification _____ Certifying Agency _____

Type Certification _____ Certification Number _____

Date of Certification _____ Certifying Agency _____

Do you have a Georgia Peace Officer Certification? Yes _____ No _____

If yes, have you maintained this certification by meeting minimum twenty (20) hours training requirements since receiving certification? Yes _____ No _____

VIII. SUMMARY

Please write a short summary of why you want to work in law enforcement and what appeals to you the most and the least about working in the law enforcement field.

SUPPORTING DOCUMENTATION

Attach a copy of your birth certificate to this page.

In lieu of a birth certificate copy, a valid Georgia Driver's License copy plus a copy of one or more of the following documents may be accepted:

Baptismal record

Draft card

Court Records

Passport
Citizenship papers
Armed Forces Discharge Papers (DD214)
Certified copy of school records

This identification must show full name and date of birth of the applicant.

In lieu of a birth certificate copy, the applicant must also submit a signed, notarized statement indicating United States citizenship, and date and place of birth (including city, county, and state).

SUPPORTING DOCUMENTATION

ATTACHED A COPY OF YOUR SOCIAL SECURITY CARD TO THIS PAGE

AND

ATTACH A COPY OF YOUR DRIVER'S LICENSE TO THIS PAGE

SUPPORTING DOCUMENTATION

ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED CERTIFICATION
TO THIS PAGE.

SUPPORTING DOCUMENTATION

THIS PAGE ONLY FOR APPLICANTS WHO HAVE SERVED THE MILITARY.
ATTACH A COPY OF YOUR MILITARY DISCHARGE OR DD214 TO THIS PAGE.

SUPPORTING DOCUMENTATION

THIS PAGE ONLY FOR APPLICANTS WHO HAVE LAW ENFORCEMENT-RELATED CERTIFICATION(S).

ATTACH A COPY OF YOUR LAW ENFORCEMENT-RELATED BASIC CERTIFICATION(S) TO THIS PAGE.

EXAMPLES: PEACE OFFICER CERTIFICATION, JAIL OFFICER CERTIFICATION,
TAC CERTIFICATION, ETC...