

TIFT COUNTY SHERIFF'S OFFICE

Supplemental Application & Questionnaire

Applicant's Name: _____

Contact Number: _____

Position Applying For: _____

APPLICANT: READ THIS FIRST

This booklet is an important part of your application for Sheriff's Deputy / Detention Officer with the Tift County Sheriff's Office. It is in your best interest to follow the instructions carefully. There are many more applicants for employment than there are available positions. A properly completed document enables us to better evaluate your application.

Before completing this document, closely read the instructions for each section. There are a number of official documents that you are required to obtain and each document is necessary to adequately complete this packet.

When mentioning persons, be sure to identify the individual by his/her full correct name. Further, give complete and accurate address information.

Again, answer each question completely and honestly. Candidates may not be accepted because of omissions or concealment rather than because of previous behavior. While indiscretions or other situations in your past may or may not be condoned, deception will disqualify you as a candidate.

It is the intent of the Tift County Sheriff's Office to hire the best qualified applicant available from among all qualified applicants. As the group of applicants is moved through the hiring process, the department will evaluate the information gained at each stage and make decisions concerning which applicant(s) will be scheduled for the next stage of the process.

In the event an applicant is not selected for employment the first time he/she participates in the application process, he/she may reapply and be reconsidered. It is not the intent of the Tift County Sheriff's Office to indicate that an applicant who is not selected during a hiring process is not capable of performing law enforcement duties or that he/she could not be successful on a subsequent application and hiring evaluation.

Once you have fully completed this booklet, you must return it, along with a completed Tift County Board of Commissioner's Application to the ***Tift County Sheriff's Office, located at 500 Morgan Drive, Tifton Georgia 31793.*** Please furnish us with one (1) copy each of the following documents:

1. Birth Certificate
2. High School Diploma / GED
3. College Transcripts and Diploma (if applicable)
4. DD-214 (former members of the Armed Forces)
5. Naturalization Certificate (if applicable)
6. Driver's License
7. Social Security Card
8. POST Certification Card (if applicable)
9. Seven-year Motor Vehicle Report

NOTICE TO APPLICANT:

We cannot stress enough the importance of the accuracy of your answers. The information which you supply in this booklet will be compared with information provided by others throughout the application process. You will be asked to verify these answers at the polygraph examination. Any discrepancy or omission may result in your removal from the selection process.

If you have any questions about the selection process or need clarification about any of the questions contained in this booklet, please contact the Tift County Sheriff's Office at (229)388-6054.

PROBATIONARY STATUS – Each new employee will be considered on probationary status until he/she has successfully completed three (3) months of employment. The 3 month probationary period is considered a working test and is part of the hiring process. Failure to successfully complete the working test will result in dismissal from employment as a deputy / detention officer with the Tift County Sheriff's Office. Employment, if offered, is for no definite period of time.

I have read and understand the aforementioned information.

Applicant's Signature

Date

**THE TIFT COUNTY SHERIFF'S OFFICE IS AN
EQUAL OPPORTUNITY EMPLOYER &
A DRUG FREE WORKPLACE**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
AND CRIMINAL HISTORY INFORMATION**

I _____, do hereby authorize the review and full disclosure of all records concerning myself to a duly authorized agent of the Tift County Sheriff Office, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions; including records of commercial or retail credit agencies (including credit reports and / or ratings) and other financial statements wherever filed; medical and psychiatric treatment and / or consultation; including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigation, reports, background reports, polygraph exam results, performance appraisal, efficiency or fit-for-duty reports, complaints, or grievances filed by or against me; and the records, recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had interest; and any other document or article of information deemed pertinent for the purpose of assessing my suitability for employment.

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 determining my suitability as a candidate for employment by the Tift County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this; and hereby specifically release them from any liability which may be incurred as a result of furnishing such information.

I hereby authorize the Tift County Sheriff's Office to receive any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal justice agency, to include the Georgia and National Crime Information Center files.

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

Applicant's Printed Name: _____

Other names I have been known by: _____

Applicant's Signature: _____

Sworn to me and subscribed in my presence, this _____, day of _____ 20_____.

Notary Public's Signature & Seal

DOMESTIC VIOLENCE CERTIFICATION

This is to certify that the individual listed below has never been convicted in any court of a "Misdemeanor or Felony Crime of Domestic Violence". Domestic Violence, for the purpose of this document, is defined as any misdemeanor or felony that has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, parent and children, stepparents and stepchildren, foster parents and foster children or other persons living or formerly living in the same household. (As per O.C.GA 19-13-1).

The below named applicant understands that such a conviction would make it illegal for him/her to possess a firearm and thus makes him/her unsuitable for law enforcement duties. Further, the below named applicant understands that falsification of this form or failure to report a past conviction is grounds for their removal from the selection process or immediate dismissal.

Printed Applicant Name

Date

Applicant Signature

A NCIC/GCIC Criminal History check of this applicant revealed convictions.

() YES () NO

Investigator _____

Comments:

EMPLOYMENT RECORD

Have you ever been disciplined at, or fired from any employment? () YES () NO
(If YES, explain)

Have you resigned while anticipating that your employer intended to discharge you for any reason? () YES () NO (If YES, explain)

Have you ever resigned (quit) while anticipating that your employer intended to take any form of disciplinary action against you? () YES () NO (If YES, explain)

Have you ever had any extended work absences for reasons other than medical or earned vacations? () YES () NO (If YES, explain)

MISCELLANEOUS

Is there anything else in your background that you feel we should be aware of as we consider your employment application? () YES () NO (If YES, explain)

Is there any reason to prevent you from:

1. Taking an oath with or without an affirmation?

() YES () NO (If YES, explain)

2. Supporting and defending the Constitution of the United States, The State of Georgia, and the laws and ordinances of Tift County? () YES () NO (If YES, explain)

3. The taking of a life in the pursuit of duty? () YES () NO (If YES, explain)

APPLICANT DRIVING / LICENSE INFORMATION

THE INVESTIGATOR WILL PHYSICALLY INSPECT YOUR DRIVER'S LICENSE

1. Has your automobile insurance ever been cancelled for non-medical reasons?
() YES () NO (If Yes, explain)

2. List all driver's licenses issued to applicant:

Number _____ State _____ Type _____
Expiration Date _____ Restrictions _____

3. Has your privileges to operate a motor vehicle ever been revoked, refused, suspended or canceled? () YES () NO (If YES, explain)

4. Have you ever been arrested or charged with DRIVING WHILE INTOXICATED or DRIVING UNDER THE INFLUENCE? () YES () NO (If YES, explain)

5. To the best of your knowledge, how many points are currently on your driver's licenses?
_____ Points

6. How many years have you been driving? _____

PERSONAL REFERENCES

List three references, excluding family members that have known you for at least five years and are familiar with your work.

1. Name: _____
Address: _____
Phone Number: _____ Cell Number: _____

2. Name: _____
Address: _____
Phone Number: _____ Cell Number: _____

3. Name: _____
Address: _____
Phone Number: _____ Cell Number: _____

CONSENT FOR DRUG AND ALCOHOL SCREENING TEST AND REPORT

(To be signed by candidate or employee before collecting a specimen)

I hereby consent to the testing of my blood, urine, or other bodily fluids for the presence of illicit chemical substances as defined in Tift County’s Drug – Free Workplace Policy on Substance Abuse, Contraband Articles, and Employee Assistance, and to the reporting of the results of said tests to the Human Resource Director and to such other persons who are authorized under said Policy to receive such information.

I acknowledge that I have been assured that any information revealed in such a search or screening test will be used only for purposes of the County’s making decisions about my employment, termination, or employment – related discipline, to determine whether I am in compliance with the County’s Drug – Free Workplace Policy and that it will not be utilized against me in any criminal proceeding.

I hereby release and agree to hold harmless the County, its officers, managers, supervisors, and agents from any and all liability arising out of the obtaining of the specimen of my fluids, the administration of the tests to the specimens, and the reporting of the results of the tests in accordance with the County’s Policy and Procedures.

Employee / Job Candidate’s Signature

Date

Witness

Date

APPLICANT'S FITNESS FOR DUTY

Are you aware of any condition that would prevent you from the fulfillment of the duties of a Deputy Sheriff or Detention Officer, with or without reasonable accommodations?

() YES () NO (If YES, explain)

I CERTIFY THAT ALL ENTRIES WERE MADE IN THIS BOOKLET BY ME, AND THAT THEY ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT IF AT ANYTIME DURING THE COURSE OF THE BACKGROUND INVESTIGATION OR DURING MY EMPLOYMENT WITH THE TIFT COUNTY SHERIFF'S OFFICE, IT IS DISCOVERED THAT I HAVE MADE ANY UNTRUTHFUL STATEMENTS, FALSIFIED MY APPLICATION IN ANY WAY, OR GIVEN ANY MISLEADING STATEMENTS, IT SHALL BE SUFFICEIENT CAUSE FOR MY IMMEDIATE TERMINATION.

Signature of Applicant

Printed Name

Date