

APPLICATION FOR EMPLOYMENT

OFFICE OF THE SHERIFF

EFFINGHAM COUNTY, GA

JIMMY MCDUFFIE, SHERIFF

DATE RECEIVED: _____



APPLICANT'S NAME: _____

POSITION APPLYING FOR: _____

(PATROL, DISPATCH, JAIL, RESERVE DEPUTY, ETC.)

SHERIFF _____

CHIEF DEPUTY _____

DIV. COMMANDER _____

INVESTIGATOR _____



Office of the Sheriff

Effingham County

Dear Applicant:

Attached is an application for employment with the Effingham County Sheriff's Office.

Please fill it out completely and attach the following document:

Copy of your Birth Certificate

Copy of your Drivers License

Copy of your Social Security Card

Copy of your High School diploma or GED certificate

Copy of your Marriage License & Divorce Decree (if applicable)

Copy of your DD 214 Long Form (if applicable)

Copies of any certificates of training in the area Law Enforcement or Security work

When you have completed the application and have all copies of all needed documentation, please bring your application to:

Effingham County Sheriff's Office

130 First Street Extension

Springfield, GA 31329

WITHOUT THE ABOVE DOCUMENTATION YOUR APPLICATION WILL NOT BE PROCESSED.

Applications will be held for a period of 6 months.

IMPORTANT NOTICE

IT IS TO YOUR ADVANTAGE TO BE ABSOLUTELY TRUTHFUL IN ANSWERING ALL QUESTIONS IN YOUR INTERVIEWS, ON YOUR APPLICATION AND PERSONAL HISTORY STATEMENT.

A MISSTATEMENT OF FACT OR THE OMISSION OF REQUESTED INFORMATION IS GROUNDS FOR **AUTOMATIC** REJECTION.

WE HAVE FOUND IN THE PAST THAT SOME APPLICANTS HAVE BEEN REJECTED BECAUSE OF A MISSTATEMENT OR OMISSION WHERE THE FACT WHICH THEY ATTEMPTED TO HIDE WOULD NOT HAVE BEEN A REASON FOR REJECTION.

WE ENCOURAGE YOU TO BE ABSOLUTELY TRUTHFUL IN THESE MATTERS.

INSTRUCTIONS AND INFORMATION
PLEASE READ CAREFULLY BEFORE BEGINNING

1. An investigation will be conducted by personnel in the Internal Affairs unit based on the information you provided in this application. It is critical that you fill out this application completely, truthfully and accurately. At any point during the background investigation, or thereafter, it is found that you misrepresented, deliberately omitted or falsified any information, you will be automatically disqualified from further consideration.

It is imperative that you list any convictions to include a finding or a verdict of guilt, a plea of guilty, or a plea of nolo contendere in a criminal proceeding, regardless of whether the judgment of guilt or sentence is withheld or not entered thereon. This includes first offenders (OCGA 35-8-7.1). Do not leave any blanks in this booklet. If an item does not apply, write NA.

I fully understand what I have read.

Signature

Date

Notary Public

Date

Investigator Signature

Date

2. Please complete the application in **YOUR OWN HANDWRITING.**
3. If you are a Georgia Certified Peace Officer (registered with the Georgia Peace Officers Standards and Training Council, POST) please attach a copy of your basic certificate displaying your certification number.
4. The following situation **WILL** prohibit an applicant from serving as a law enforcement officer:
 - a. Conviction in any Court of a felony offense.
 - b. Conviction in any Court of a drug related offense.
 - c. Less than twenty-one (21) years of age at time of appointment.
 - d. Any medical, physical, or mental condition which would prevent an applicant from satisfactorily performing assigned duties or complying with regulations of the Georgia POST Council.

PERSONAL INFORMATION

1. Name: _____
2. Date of Birth: _____ Place of Birth: _____
3. Social Security Number: _____
4. Height: _____ Weight: _____ Hair color: _____
Eye color: _____
5. Are you a U.S. Citizen? Yes _____ No _____ Natural Born _____
6. Have you ever used any other name? Yes _____ No _____
Names used (including maiden/married): _____
7. Have you ever legally changed your name? _____ If "YES" what was your former name? _____
8. What court ordered the name change? _____
9. Present Address: _____
City _____ State _____ Zip _____
10. Home Phone Number: _____
Work Phone Number: _____
11. How long at present address? _____
Rent? Yes _____ No _____ Name of Landlord: _____
Own? Yes _____ No _____
Live with family? Yes _____ No _____
12. Previous addresses if less than 10 years at current address: _____

13. Have you ever filed an application with Effingham County Government before?
Yes: _____ No: _____ If so, when and for what positions? _____

MILITARY SERVICE

14. Complete Military Service:
Branch of Service: _____ Active/Guard/Reserve (circle all that apply)
Service Number: _____ Dates of Service: _____
Highest Rank Attained: _____ MOS/Rating: _____
Type of Discharge (if other than honorable, please explain on separate sheet):

15. If member of Reserve or Guard Unit, specify Branch and Unit: _____

16. Did you ever receive any type of disciplinary action? Yes _____ No _____
Court Martial? _____ AWOL? _____ Reduction in Rank? _____
Article 15? _____ Any other? _____
17. Name of your last supervisor: _____
Phone Number and Unit: _____

FORMAL EDUCATION

18. Highest grade of school completed: _____
19. Did you graduate from High School? _____ Dates Attended: _____
20. Name of High School: _____
City/State: _____
21. If you did not graduate from high school, do you have a GED Certificate?
Yes _____ No _____ Date Obtained: _____
22. Give names and locations of any Colleges and Universities you have attended,
and major course work studied.

23. Circle highest year of college completed: 1 2 3 4 Degree/Year obtained: _____
24. Graduate School: 1 2 3 4 Degree/Year obtained: _____
25. Do you have any special skills or training that would be helpful to you if you were
selected for a law enforcement position? _____

26. Do you read, write or speak any foreign language? Yes _____ No _____
If so, please list: _____
27. If you wear corrective lenses (glasses or contacts) and if you lost them in a scuffle with an inmate or suspect, could you still function? Yes _____ No _____

LAW ENFORCEMENT EMPLOYMENT HISTORY

28. List ALL previous law enforcement employment starting with the most recent first:
Name/Address of Agency: _____

Dates of Employment: _____
Reasons for Leaving: _____
Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____
29. Name/Address of Agency: _____

Dates of Employment: _____
Reasons for Leaving: _____
Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____

30. Name/Address of Agency: _____

Dates of Employment: _____

Reasons for Leaving: _____

Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____

31. Name/Address of Agency: _____

Dates of Employment: _____

Reasons for Leaving: _____

Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____

32. Name/Address of Agency: _____

Dates of Employment: _____

Reasons for Leaving: _____

Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____

COMPLETE THIS SECTION ONLY IF YOU ARE CURRENTLY OR HAVE BEEN A LAW ENFORCEMENT OFFICER. THIS DOES NOT INCLUDE SECURITY EXPERIENCE.

33. Are you currently a Peace Officer? Yes _____ No _____
34. If "YES", State of Certification: _____ Certification # _____
35. Certification Type: _____
36. Certification Date: _____ Name and location of Police Academy: _____

37. How many years of law enforcement experience do you have? _____
38. Have you ever been the subject of an internal investigation? _____
If "YES", attach an explanation to this application giving full details.
39. Has disciplinary action ever been taken by your certifying agency (POST)?
Yes _____ No _____ If "YES", attach an explanation to this application giving full details.
40. Have you ever qualified with a weapon? Yes _____ No _____
If "YES", what type of weapon? _____

NON-LAW ENFORCEMENT EMPLOYMENT HISTORY

41. List previous employment for the past ten years or back to your 18th birthday, whichever is longer. May we contact your present employer? _____
42. Name/Address of Agency: _____

- Dates of Employment: _____
- Reasons for Leaving: _____
- Name and telephone number of immediate supervisor: _____

- Job Title and Duties: _____

- May we contact this agency? _____

43. Name/Address of Agency: _____

Dates of Employment: _____
Reasons for Leaving: _____
Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____

44. Name/Address of Agency: _____

Dates of Employment: _____
Reasons for Leaving: _____
Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____

45. Name/Address of Agency: _____

Dates of Employment: _____
Reasons for Leaving: _____
Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS.

DRIVING RECORD

- 51. Can you operate a motor vehicle? Yes _____ No _____
- 52. Do you possess a valid Georgia Drivers License? Yes _____ No _____
If "YES", give license number and expiration date: _____
- 53. Have you ever possessed a drivers license from any other State? _____
If "YES", give State and license number: _____
- 54. Has your license ever been suspended or revoked? Yes _____ No _____
If yes, for what reason? _____
If yes, was it restored? _____
- 55. Have you ever been refused a license by any State? _____
- 56. Give details of any motor vehicle accidents you have been involved in.

PERSONAL REFERENCES

- 57. Personal references (other than family members and former supervisors)
Name: _____
Occupation: _____
Address: _____
Telephone: _____ Years Known: _____

Name: _____
Occupation: _____
Address: _____
Telephone: _____ Years Known: _____

Name: _____
Occupation: _____
Address: _____
Telephone: _____ Years Known: _____

CREDIT REFERENCES

58. Name: _____
Address: _____
Telephone: _____
Type of Account: _____

Name: _____
Address: _____
Telephone: _____
Type of Account: _____

Name: _____
Address: _____
Telephone: _____
Type of Account: _____

59. Do you have a checking account? Yes _____ No _____
If "YES", please list bank: _____

BACKGROUND INFORMATION (Marital/Family Information)

60. Marital Status
Single _____ Married _____ Separated _____
Divorced _____ Widowed _____

61. Spouse's Name: _____
Spouse's Maiden Name (if applicable): _____
Spouse Date of Birth: _____ Place of Birth _____
Spouse's Occupation: _____
Spouse's Employer: _____
Spouse's Employer address: _____
Spouse's Employer phone number: _____
Spouse's length of employment: _____

62. Date of Marriage: _____

63. Is your spouse in favor of you becoming a law enforcement officer?
Yes _____ No _____

64. Father's full name: _____
Address: _____
Living _____ Deceased _____

65. Mother's full name: _____
Address: _____
Living _____ Deceased _____

66. Brothers:
Name: _____ Age _____
Address: _____

Name: _____ Age _____
Address: _____

Name: _____ Age _____
Address: _____

67. Sisters:
Name: _____ Age _____
Address: _____

Name: _____ Age _____
Address: _____

Name: _____ Age _____
Address: _____

68. Father in law's full name: _____
Address: _____

69. Mother in law's full name: _____
Address: _____

70. Closest living relative: _____

71. List every child born to you:
- | Child's Name | Date of Birth | Address where child lives |
|--------------|---------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Attach additional sheets if needed.

72. Are you supporting all children born to you or adopted by you?
 Yes _____ No _____
73. Are you related to any Effingham County employee? Yes _____ No _____
 If "YES", please name the employee: _____
 What Department do they work in? _____
74. Do you know any employees of the Sheriff's Office? Yes _____ No _____
 If "YES", please give their names: _____

OTHER INFORMATION

75. This position may require you to:
 Wear a uniform. Do you object to doing so? _____
 Work a rotating shift. Do you object to doing so? _____
 Work overtime. Do you object to doing so? _____
76. Have you ever had experience working shift work? Yes _____ No _____
 If so, where and when? _____
77. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answer will be checked with the FBI and other agencies.
- | Agency | Date | Purpose |
|--------|-------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
78. Do you drink alcoholic beverages? Yes _____ No _____ If "YES", when was the last time? _____
79. Have you ever used marijuana? Yes _____ No _____ If "YES", when was the last time? _____

80. Have you ever used any other illegal drugs, opiates, pills, etc.? Yes _____
No _____ If "YES", what were the circumstances? _____

81. Do you now or have you ever associated with anyone that uses drugs?
Yes _____ No _____
82. Have you ever been fired or permitted to resign employment for breach of trust,
embezzlement, theft or other crime? Yes _____ No _____
If "YES", please provide circumstances: _____

83. Have you ever been fired or permitted to resign employment for abuse of
authority, insubordination or for ANY other disciplinary reason?
Yes _____ No _____ If "YES", please provide circumstances: _____

84. If it became necessary in the course of law enforcement duties to take a human
life, would you have any reluctance to do so because of religious or other beliefs?
Yes _____ No _____ If "YES", give details: _____

EFFINGHAM COUNTY SHERIFF'S OFFICE

FAIR CREDIT REPORTING ACT AUTHORIZATION TO OBTAIN INFORMATION

In undertaking this agreement, I understand that I have certain rights under the Fair Credit Reporting Act which include but are not limited to the following:

- You must be told if information in your file has been used against you.
- You can find out what is in your file.
- You can dispute inaccurate information with the CRA.
- Inaccurate information must be corrected or deleted.
- You can dispute inaccurate items with the source of information.
- Outdated information may not be reported.
- Your consent is required for reports that are provided to employers, or reports that contain medical information.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.
- You may seek damages from violators.

Being knowledgeable of my rights under the Fair Credit Reporting Act, I hereby authorize the Effingham County Sheriff's Office to order and obtain a Consumer Report to be used for employment consideration purposes.

Printed Full Name

Date

Signature

Department witness

CRIMINAL JUSTICE EMPLOYMENT RELEASE WAIVER FOR NEW APPLICANTS
CONSENT TO BACKGROUND INVESTIGATION, DRUG TESTING AND PHYSICAL AND
PSYCHOLOGICAL TESTING

TO: SHERIFF Jimmy McDuffie
EFFINGHAM COUNTY SHERIFF'S OFFICE
P.O. BOX 1015
SPRINGFIELD, GA 31329

RE: NAME: _____ SSN: _____
PRINTED NAME: _____ DOB: _____
DRIVERS LICENSE #/STATE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
SEX ____ RACE ____ HGT ____ WGT ____

Accept this instrument as my personal request and authorization to conduct a comprehensive personal background investigation, including pending charges of any description, a complete traffic history, criminal history (including first offender status, if applicable), credit history report, medical records, full and complete disclosure of the records of educational institutions, financial statements and records, wherever filed; Veterans administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency rating, complaints or grievances filed by or against me. Furthermore, I voluntarily, FULLY CONSENT TO UNDERGO PHYSICAL, PSYCHOLOGICAL, PSYCHOMETRIC, AND URINALYSIS DRUG SCREEN TESTING. I ALSO SUBMIT TO A COMPUTERIZED VOICE STRESS ANALYSIS EXAMINATION. I am fully aware, and consent that the information gathered in this screening process, be made known to the officers and employees of Effingham County Sheriff's Office, as well as the officers and employees of the Effingham County Personnel Department and the Georgia Peace Officer Standards and Training Council. I am aware that such information is required for application for POST certification as a law enforcement officer, and for employment with the Effingham 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. Therefore, I AGREE THAT THE INFORMATION ACQUIRED IN THIS INVESTIGATION BE USED FOR EMPLOYMENT, TERMINATION, OR DISCIPLINARY DETERMINATIONS, and that such information becomes a matter of public information and is accessible to the public under existing state laws.

In consideration of making application for employment, and in complete understanding of the foregoing facts and possible results, I agree to hold to all elements of this release waiver, and further agree TO HOLD HARMLESS, SHERIFF JIMMY MCDUFFIE AND ALL OTHER EMPLOYEES OF THE EFFINGHAM COUNTY OFFICE OF THE SHERIFF, AND EFFINGHAM COUNTY, FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION, INCLUDING ANY ACT OF OMISSION OR COMMISSION.

This declaration is made freely and voluntarily without fear of punishment or promise or reward, and with full and complete understanding of the terms and consequences of my action.

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.

This _____ day of _____, 20____. _____ (L.S.)

(Applicant's Legal Signature)

Sworn to in the presence of _____

Notary Public