



SHERIFF STEVE C. SIKES
CHIEF DEPUTY JON LONG
Liberty County Sheriff's Office
201 S. Main St, Suite 1300
HINESVILLE, GA. 31313
PHONE 912-876-2131
FAX: 912-877-5156

APPLICATION FOR APPOINTMENT

DATE SUBMITTED: _____

APPLICANT FULL NAME: _____

POSITION APPLIED FOR: _____

You are hereby informed all statements and information submitted may be investigated and are subject to verification. You are also advised that each applicant will be finger printed to determine any criminal record and for further identification purposes. The purpose of the truth verification examination is to verify the truth of the answers to the questions contained in this application. Employment drug screening will be required as part of the employment process. There will be a physical fitness assessment within 12 months of hiring date.

Upon completing this application, the following documents must be attached:

COPY OF BIRTH CERTIFICATE
HIGH SCHOOL DIPLOMA OR G.E.D.
SOCIAL SECURITY CARD
VALID GEORGIA DRIVERS LICENSE
PREVIOUS MILITARY SERVICE, MUST BRING FORM 214
3 YEAR DRIVERS HISTORY (CAN BE OBTAINED FROM DEPT. OF DRIVER SERVICES)

APPLICATION FOR EMPLOYMENT

Please Print



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application or interview process should notify a representative of the Human Resources Department.

Name: _____ Social Security #: _____
Last First Middle

Mailing Address: _____
Street or P.O. Box City State Zip Code

Home Phone: () _____ Mobile Phone: () _____

Email Address: _____

Position Applied For: _____ Date of Application: _____

Referral Source: (Please check the appropriate category and name the source.)

<input type="checkbox"/>	Walk-in	
<input type="checkbox"/>	Employee	
<input type="checkbox"/>	Advertisement	
<input type="checkbox"/>	County Website	
<input type="checkbox"/>	Other Internet	

<input type="checkbox"/>	School	
<input type="checkbox"/>	Job Fair	
<input type="checkbox"/>	Staffing Agency	
<input type="checkbox"/>	Government Employment Agency	
<input type="checkbox"/>	Other	

If necessary, best time to call you at home is _____ AM-PM

May we call you at work? Yes No

If YES, work number and best time to call
 () _____ AM-PM

If you are under 18, can you furnish a work permit? Yes No

If NO, please explain _____

Have you submitted an application here before? Yes No

If YES, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If YES, give dates: FROM _____ TO _____

Are you eligible for employment in this country? Yes No

Date available for work: _____

What is your desired salary range or hourly rate of pay?
 \$ _____ per _____

Type of employment desired: Full-Time Part-Time
 Seasonal Temporary

Will you relocate if the job requires it? Yes No

Will you travel if the job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If NO, please explain _____

Driver's license number required if driving may be required in the job for which you are applying:

DL #: _____ State: _____

Is this a commercial driver's license (CDL)? Yes No

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of, a felony? Yes No

If YES, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information:

Employer	Telephone # ()	Dates Employed: FROM	TO
Starting Job Title / Final Job Title		Compensation (STARTING) Hourly Salary	\$ per
Street Address	City	State	Commission/Bonus/Other Compensation \$
Immediate supervisor and title (for most recent job held)		Compensation (FINAL) Hourly Salary	\$ per
May we contact for reference? Yes ___ No ___ Later ___		Commission/Bonus/Other Compensation \$	
Reason for leaving:			
Summarize the type of work performed and job responsibilities:			
What did you like most about your position?			
What were the things you liked least about the position?			

Employer	Telephone # ()	Dates Employed: FROM	TO
Starting Job Title / Final Job Title		Compensation (STARTING) Hourly Salary	\$ per
Street Address	City	State	Commission/Bonus/Other Compensation \$
Immediate supervisor and title (for most recent job held)		Compensation (FINAL) Hourly Salary	\$ per
May we contact for reference? Yes ___ No ___ Later ___		Commission/Bonus/Other Compensation \$	
Reason for leaving:			
Summarize the type of work performed and job responsibilities:			
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May we contact for reference? Yes ___ No ___ Later ___		Commission/Bonus/Other Compensation \$	
Reason for leaving:			
Summarize the type of work performed and job responsibilities:			
What did you like most about your position?			
What were the things you liked least about the position?			

Employment History (continued)

Employer	Telephone # ()	Dates Employed: FROM	TO
Starting Job Title / Final Job Title		Compensation (STARTING) Hourly Salary	\$ per
Street Address	City	State	Commission/Bonus/Other Compensation \$
Immediate supervisor and title (for most recent job held)		Compensation (FINAL) Hourly Salary	\$ per
May we contact for reference? Yes ___ No ___ Later ___		Commission/Bonus/Other Compensation \$	
Reason for leaving:			
Summarize the type of work performed and job responsibilities:			
What did you like most about your position?			
What were the things you liked least about the position?			

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes ___ No ___

IF YES, please explain.

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying

Computer Skills: (Please check appropriate boxes. Include software titles and years of experience.)

Word Processing:		# Years	
Spreadsheet:		# Years	
Presentation:		# Years	
Email:		# Years	
Internet:		# Years	
Other:		# Years	
Other:		# Years	
Other:		# Years	

Educational Background

Starting with your most recent school attended, provide the following information:

School (include city and state)	Years Completed	Level Completed	GPA Class Rank	Major / Minor
		Diploma _____ GED _____ Degree _____ Certification _____ Other _____		
		Diploma _____ GED _____ Degree _____ Certification _____ Other _____		
		Diploma _____ GED _____ Degree _____ Certification _____ Other _____		
		Diploma _____ GED _____ Degree _____ Certification _____ Other _____		

References

List the name and telephone number of three (3) business/work references that are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal references that are not related to you.

Name	Title	Relationship to You	Telephone	# Years Known

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve National Guard or any other similarly protected status.

Related Information (continued)

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes ___ No ___ Not Applicable ___

If YES, please explain: _____

Is there any other job-related information you want us to know about you? _____

Do you have relatives (*immediate family) currently employed with Liberty County or *immediate family members that are elected officials?
If so, please list the name(s) in the space provided

**Immediate family is defined as spouse, child, grandchild, parent, grandparent, brother, sister, mother-in-law and father-in-law, or any person who resides in the employee's household and who is recognized by law as a dependent of a common employee.*

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purposes of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that if any information provided by me that is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in the immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: _____

EQUAL EMPLOYMENT OPPORTUNITY DATA

IMPORTANT ALL APPLICANTS PLEASE READ:

Employees are treated during employment without regard to race, color, religion, creed, sex, national origin, age, marital or veteran status, disability or other legally protected status.

As an employer with an Equal Employment Opportunity program, Liberty County complies with governmental regulations, including Equal Opportunity responsibilities where they apply.

The purpose of this Data Record is to comply with governmental record keeping, reporting and other legal requirements. Periodic Reports are made to the government on the following information. The completion of the Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a confidential file and are not part of your Application for Employment or personnel file.

PLEASE NOTE: Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

VOLUNTARY SURVEY
(Please Print)

Date: _____

Government agencies require periodic reports on the sex, ethnicity, veteran and other protected status of employees. The data is for statistical analysis with respect to the success of the Equal Employment Opportunity program. Submission of this information is voluntary.

Name: _____

Street Address: _____

City: _____ State _____ Zip Code: _____

Social Security No. _____ Date of Birth: _____

Job Applied For: _____

CHECK ONE

- Male
- Female

CHECK ONE of the following (Ethnic Origin).

- White
- Black or African American
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Hispanic or Latino (All Races)
 - Hispanic or Latino (White Only)
 - Hispanic or Latino (Other Races)

CHECK if any of the following apply.

- Qualified Covered Veteran
- Newly Separated Veteran (discharge within past 3 years)

LIBERTY COUNTY SHERIFF'S OFFICE
201 SOUTH MAIN STREET
HINESVILLE, GA 31313

BACKGROUND INVESTIGATION

PLEASE PRINT
PERSONAL DATA

NAME: _____
 First Middle Last Maiden

ADDRESS # 1 _____

CITY: _____ STATE: _____ ZIP CODE: _____

If address #1 is a Post Office Box, give street address:

How long have you resided at your present address: _____

Social Security Number _____ - _____ - _____ Date of Birth: _____

Home Phone Number: () _____

Drivers License Number: _____ State of Issue: _____

Place of Birth: City _____ State: _____

Age: _____ Race: _____ Sex: M F Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ County of Residence: _____

Chronologically list all previous places of residences since leaving Elementary School:

Mo/Yr Mo/Yr Address, City, State

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Liberty County Sheriff's Office to conduct an inquiry for
Agency/Company
 the purpose listed below and receive any Georgia and/or national criminal history record information
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for 90 days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____ Date _____

Attorney for Individual (Pur E and U Only) _____ Bar Number _____ Date _____

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & Ill Info Received)
<input checked="" type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & Ill Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

 Agency Designee Signature and Title

Georgia Bureau of Investigation
Georgia Crime Information Center

Georgia Driver's History Consent Form

I hereby authorize the **Liberty County Sheriff's Office** to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Name (print)

Address

Sex

Date of Birth

Driver's License Number

Signature

Date