



**SHERIFF WILLIAM BOWMAN  
CHIEF DEPUTY AL HAGAN**

**Liberty County Sheriff's Office  
201 S. Main St, Suite 1300  
Hinesville, GA 31313  
PHONE 912-876-2131  
FAX 912-877-5156**

**APPLICATION FOR EMPLOYMENT**

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 month of hiring.

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 DD 214  
3 YEARS DRIVERS HISTORY (Can be obtained from Dept. of Driver Services)

# APPLICATION FOR EMPLOYMENT

Please Print



SHERIFF WILLIAM BOWMAN  
CHIEF DEPUTY AL HAGAN  
Liberty County Sheriff's Office  
201 S. Main St, Suite 1300  
Hinesville, GA 31313  
PHONE 912-876-2131

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's 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 you are 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 (insured)? Yes\_\_\_ No\_\_\_

## 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:			
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:			
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
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> 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.

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### 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 county 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

CITY STATE ZIP CODE

If address above 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

Place of Birth: City State

Age Eye Color Sex: M F Height Weight

Hair Color Eye Color County of Residence

Chronologically list all previous places of residences since leaving Elementary School

Mo/Year - Mo/Year Address, City, State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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*

**GCIC Consent Form  
July 2006**

**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 \_\_\_\_\_ 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)

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
<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)
<b>PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)</b>	
<input type="checkbox"/>	U - Personal Copy
<b>CRIMINAL JUSTICE EMPLOYMENT</b>	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & Ill Info Received)
<input 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 \_\_\_\_\_

Revised March 2019

**INFORMED CONSENT RELEASE  
AND HOLD HARMLESS FOR PRE-EMPLOYMENT  
BACKGROUND INVESTIGATION**

I fully recognize that under Georgia law, individuals must clearly demonstrate their personal, medical, and psychological fitness to serve in the position of peace officer. I further recognize that an employing agency has both a legal and moral obligation to make every reasonable effort to ensure that any person employed by them as a peace officer will conform to the very highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness, and that such investigation will include contacting persons and/or organizations who have information relating to my fitness, including if I am or have been a peace officer in Georgia. I understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness. Unless authorized to do so and held harmless for cooperating in this process.

I hereby authorize Liberty County Sheriff's Office ("LCSO") and any agent or representative thereof, including officers on its police force, within one year of the date hereof, to obtain any information pertaining to me from any individual or entity, including any physician or medical provider, court, present or former employer, records custodian, credit bureau, property manager, financial institution, educational institution, or law enforcement agency. The information that I authorize to be obtained includes but is not limited to medical records, employment and disciplinary records, records regarding eligibility for rehire, and records and information relating to my job performance and behavior.

I hereby release and hold harmless LCSO and its police officers, agents, employees, and representatives and all persons providing the information described herein to LCSO from any and all liability to me of whatever kind or nature which may result from compliance or attempts to comply with this authorization, or which results from providing the information described in this document. Without limiting the foregoing, but in the interest of clarity, I release and hold harmless any present or former employer from any and all liability for disclosing complete and accurate employment-related information about me, including records or personnel files that relate to my performance or behavior while employed by such employer.

I have had adequate time to review this form, I understand its meaning and purpose, and I have been furnished a copy of it.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ in the County of Liberty, State of Georgia.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name