

SPALDING COUNTY SHERIFF'S OFFICE



APPLICATION & BACKGROUND INFORMATION BOOKLET

CONFIDENTIAL



SPALDING COUNTY SHERIFF'S OFFICE

Darrell Dix, Sheriff

Tony Thomason, Chief Deputy

To: Applicant
From: Spalding County Sheriff's Office
Re: Application and Background Booklet

This is your Application and Background Investigation Booklet. The application is to be filled out completely. Include all documents requested. An incomplete application will eliminate you from proceeding any further in the pre-employment process. Completed applications must be returned in person to the Spalding County Human Resources Office, 119 E. Solomon Street, Griffin, Georgia 30223.

Upon the return of the completed application you will be contacted by the Spalding County Sheriff's Office and scheduled for employment testing. After successful testing, your application and background will be thoroughly reviewed. If we inform you that your application has been denied for any reason, please understand that your application will not be considered for a specific amount of time. This office will inform you of the time frame for consideration when you receive the rejection letter (normally a 6 month or 12 month requirement).

Print Name

Applicant Signature

Date



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INSTRUCTION SHEET

This application is not an offer or contract for employment. The completion of this application or any other instrument does not stand as an agreement or promise to hire you. Any statement to the contrary by any employee not in writing is void. All information written in this application will be used only to determine the suitability and qualifications of the applicant for employment reasons.

- 1) Please print or type in black ink only.
- 2) Complete all questions in detail where explanations are necessary.
- 3) Any questions/sections not pertaining to you individually, list as "N/A"
- 4) If more writing space is needed throughout the application, attach pages in back of the booklet, listing applicable page number.
- 5) You must provide all supportive documents required by this department.
- 6) You must have all pertinent pages notarized prior to returning this booklet.

IMPORTANT:

Truthful and complete responses to the questions in this booklet are a necessity. Discovery of intentional omissions or incorrect answers will be a basis for rejection and could result in criminal prosecution under Georgia Law section 16-10-20. This information will be subject to confirmation by an administrative investigation, voice stress analysis and other forms of testing.

The position I am applying for is considered shift work. I know by accepting this position, if hired, there is no question whether I will have to work shifts or not. I will be either on a 12 hour, 10 hour, or 8 hour shift which may rotate depending on the division in which I am assigned. By signing this form I am agreeing to the initial pre-employment conditions.

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.

POSITION APPLYING FOR: _____

SIGNATURE _____ DATE _____



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SUPPORTING DOCUMENT LIST

Your interest in employment with the Spalding County Sheriff's Office is greatly appreciated. In order to properly process your background investigation, copies of the following documents, when applicable, will be required when you turn in this background information booklet.

REQUIRED:

- ___ Birth or Naturalization Certificate
- ___ Certified High School or G.E.D. Certificate. If not a U.S. school, you must use a Georgia POST-approved third party evaluation service to certify your foreign education.
- ___ Social Security Card (color copy)
- ___ Valid Georgia Driver's License (color copy)
- ___ Driving History from Previous States
- ___ Valid Automobile Insurance Card
- ___ Full Credit Report (from **Equifax, Experian or TransUnion**)
- ___ Eligible for Rehire Letter from Previous Agency (**Former Law Enforcement Only**)
- ___ Certified Dispositions from Court of Jurisdiction for ANY PRIOR ARRESTS
- ___ Legal Documents for all Name Changes (Marriage Certificate, Divorce Decree, Court Orders)

Military:

- ___ Discharge Certificate & DD-214 (Long Form)
- ___ Active Military (Includes Active Guard or Reserves) Letter of Good Standing from your Commander

OPTIONAL:

- ___ College/Technical School Diploma and/or Transcript
- ___ P.O.S.T. Certification Card and Diploma
- ___ Awards or Evaluations from Previous Employers

FAILURE TO RETURN THIS BACKGROUND BOOKLET BY THE STATED DEADLINE WILL RESULT IN THIS OFFICE NO LONGER CONSIDERING YOU FOR THE POSITION YOU ARE SEEKING.



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CRIMINAL HISTORY & MOTOR VEHICLE RECORD INFORMATION CONSENT FORM

All Applicants for Employment

I hereby give my consent for Spalding County Sheriff's Office to conduct a criminal history record check at any time prior to or during my employment. I understand that this consent is voluntary; however, I acknowledge that refusal to give this consent may have an adverse effect on my employment or continued employment.

I hereby give my consent for Spalding County Sheriff's Office to conduct a driver's license record check at any time prior to or during my employment. I understand that this consent is voluntary; however, I acknowledge that refusal to give this consent may have an adverse effect on my employment or continued employment.

Special Notice to Applicants for Law Enforcement Positions

The passage of revisions to the Federal Omnibus Consolidation Appropriations Act of 1997 and its amendment to the Gun Control Act of 1968 makes it unlawful for any person convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition, including law enforcement personnel. There are no provisions in this law for exemptions.

Last Name		First		Middle	
Street Address				Apartment/Unit#	
City			State	ZIP	
Sex	Race	Date of Birth	Social Security No.		
Driver's License #		State of Issue	Expiration Date		
List all other States in which you have lived.					
List all other states in which you have held a driver's license:					
Signature of Applicant _____ Date _____					
SHERIFF'S OFFICE WILL COMPLETE THIS SECTION					
_____ Purpose Code J - Employment with Criminal Justice Agency (non-sworn)					
_____ Purpose Code Z - Employment with Criminal Justice Agency (sworn)					



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EEO-4 SELF-IDENTIFICATION INFORMATION FORM

Spalding County Sheriff's Office, Georgia, is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the County will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

The following information is requested for statistical reporting purposes to government agencies. The information you provide will not be sent to the department you are referred to for employment consideration.

Date mm/dd/yyyy			Full Name		
Position Applied For				Date of Birth mm/dd/yyyy	
Sex	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	
Race/ Ethnic Categories (Check One)					
<input type="checkbox"/>	WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.				
<input type="checkbox"/>	BLACK (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.				
<input type="checkbox"/>	HISPANIC : All persons of Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish culture or origin, regardless of race.				
<input type="checkbox"/>	ASIAN OR PACIFIC ISLANDER : All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for examples, China, India, Japan, Korea, the Philippine Islands, and Samoa.				
<input type="checkbox"/>	AMERICAN INDIAN OR ALASKAN NATIVE : All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.				
Do you have a disability that may require a reasonable accommodation in order to perform the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please specify below.					



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PROSPECTIVE EMPLOYEE HOME & COMMUNITY VISIT

Name _____

Address to include apartment number: _____

Color of residence _____

Telephone: Home _____

Mobile _____

Who lives with you and their relation?

-----DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY-----

Home Visit Date: _____ Time: _____

Investigating Personnel: _____

1. Who was home?
2. Home and yard maintenance:
3. Home interior:
4. Vehicles present in yard:
5. Prospective employee, family and other inhabitants demeanor:

Neighbor Statements

Name:

Name:



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PERSONAL HISTORY DATA

Name: _____
(First) (Full Middle) (Last)

List any other name(s) you have been known by including previous marriages, name changes, nicknames, and alternate spellings

Email Address: _____

Home Address: _____
(Number, Street, Apartment Number)

(City) (State) (Zip Code)

P.O. Box Address: _____
(If applicable) (Number) (City) (State) (Zip Code)

Home Phone Number: (_____-)_____

Work Phone Number: (_____-)_____

Other Number (specify): (_____-)_____

Date of Birth: ____/____/____ Place of Birth: _____
(City) (State) (County)

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Identifying Scars, Marks, or Tattoos: _____

Do you have any physical condition or handicap that may limit your ability to perform the job for which you are applying?
 Yes No If yes, please describe: _____

List any Social Media websites you use (Twitter, Facebook, LinkedIn, etc.) and the associated screen name:

Are you willing to take a physical exam if the nature of the job for which you are applying requires one? Yes No

Are you a citizen of the United States? YES NO If no, explain: _____



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MARITAL STATUS

Are you currently? Single Married Divorced Separated

If married, what is the full name of your spouse (include maiden name)?

First Name Middle Name Last Name Maiden Name

Please list the following information about your former spouses if applicable:

Name of Spouse Address of Spouse

Name of Spouse Address of Spouse

Dependents: (list all persons in your household who are living in your household, excluding your spouse)

NAME (FIRST)	(MIDDLE)	(LAST)	(RELATIONSHIP)

Below please provide the listed information of someone who should be contacted in case of an emergency:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____
(Complete Street Address) (City and State)

PHONE NUMBER: (_____) _____-_____

COMMENTS: _____



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EDUCATION CONT.

Indicate below the schools you have attended, location (by city and state) and the years you attended, even if you dropped from the roll without completing that school.

COLLEGE OR TECHNICAL SCHOOL	YEARS ATTENDED From ----- To	CITY	STATE

If you have any technical skills, not necessarily acquired through formal education, explain how they prepared you for this position?

List any organizations, clubs and associations which you are or have been a member of or associated with that would relate to the position you have applied?

What special hobbies, skills and abilities (include the reading, writing or speaking of a foreign language) that would aid you in the position you have applied for?

Have you ever had a POST (Law Enforcement) certification? Yes. No. Is it active? Yes No



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REFERENCES

Please provide in the spaces below the stated information of three (3) persons who have known you for the past (5) years. These references **must not be relatives, former employers or supervisors**. We will mail them a questionnaire and ask each reference to appraise your character, ability, experience, personality, and other qualities. Please make sure the addresses, phone numbers and email addresses are correct. If we are unable to make contact with your listed references, the hiring process may be delayed.

NAME: _____

ADDRESS: _____
(Street and No.) (City / State / Zip Code)

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ WORK PHONE: _____

OCCUPATION / PROFESSION: _____ YEARS KNOWN: _____

COMMENTS: _____

NAME: _____

ADDRESS: _____
(Street and No.) (City / State / Zip Code)

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ WORK PHONE: _____

OCCUPATION / PROFESSION: _____ YEARS KNOWN: _____

COMMENTS: _____

NAME: _____

ADDRESS: _____
(Street and No.) (City / State / Zip Code)

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ WORK PHONE: _____

OCCUPATION / PROFESSION: _____ YEARS KNOWN: _____

COMMENTS: _____



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WORK HISTORY

What is your present occupation or trade? _____

Have you previously submitted an application for employment with Spalding County? Yes No If yes, explain?

Have you ever worked for Spalding County before? Yes No

How did you find out about this position?

Are you personally acquainted with any member of this agency, or are you related to any member of this department?
 Yes No If yes, list their name and explain:

Do you object to wearing a uniform? Yes No

Do you have any experience with shift work? Yes No

Do you have any objections to 12 hour shift work? Yes No

Have you ever been reprimanded for misconduct or for not properly performing your job duties by a supervisor, for any reason?
 Yes No If yes, explain:

Have you ever been reprimanded or terminated for being late or absent? Yes No If yes, explain:

Do you have any complaints concerning former supervisors / working conditions? Yes No If yes, explain:

Have you ever been the subject of any investigation by an employer? Yes No If yes, explain:

Have you ever taken anything of value, goods, or services from an employer without their permission? Yes No

How many times, in the past 10 (ten) years, have you been fired, asked to resign or quit to avoid being fired from a job?
(Circle appropriate number). 0 1 2 3 4 5 6 7 8 9 10

Have you ever been fired or penalized because of an accident you caused or were involved in while on the job? Yes No
If yes, explain:



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WORK HISTORY CONT.

Have you ever taken a polygraph test or voice analysis stress test for any reason? [] Yes [] No If yes explain:

Why would you leave your present job for this position?

Have you ever left a job without giving notice? [] Yes [] No If yes, explain:

List ALL jobs you have held in the last 10 (ten) years. **START WITH YOUR PRESENT POSITION.** Include ALL periods of full time, part time, temporary, voluntary, military services and periods of unemployment.

From: _____ To: _____ Position: _____ Salary: _____ Phone#: _____

Name of Employer: _____

Address: _____
(Complete Street Address)(City / State / Zip Code)

Name & Title of Supervisor: _____

Your Duties / Title: _____

Full Time [] Part Time [] Temporary [] Voluntary [] Unemployed []

Reason for leaving: _____



From: _____ To: _____ Position: _____ Salary: _____ Phone#: _____

Name of Employer: _____

Address: _____
(Complete Street Address)(City / State / Zip Code)

Name & Title of Supervisor: _____

Your Duties / Title: _____

Full Time [] Part Time [] Temporary [] Voluntary [] Unemployed []

Reason for leaving: _____





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WORK HISTORY CONT.

From: _____ To: _____ Position: _____ Salary: _____ Phone#: _____

Name of Employer: _____

Address: _____
(Complete Street Address) (City / State / Zip Code)

Name & Title of Supervisor: _____

Your Duties / Title: _____

Full Time [] Part Time [] Temporary [] Voluntary [] Unemployed []

Reason for leaving: _____

From: _____ To: _____ Position: _____ Salary: _____ Phone#: _____

Name of Employer: _____

Address: _____
(Complete Street Address) (City / State / Zip Code)

Name & Title of Supervisor: _____

Your Duties / Title: _____

Full Time [] Part Time [] Temporary [] Voluntary [] Unemployed []

Reason for leaving: _____

From: _____ To: _____ Position: _____ Salary: _____ Phone#: _____

Name of Employer: _____

Address: _____
(Complete Street Address) (City / State / Zip Code)

Name & Title of Supervisor: _____

Your Duties / Title: _____

Full Time [] Part Time [] Temporary [] Voluntary [] Unemployed []

Reason for leaving: _____



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WORK HISTORY CONT.

From: _____ To: _____ Position: _____ Salary: _____ Phone#: _____

Name of Employer: _____

Address: _____
(Complete Street Address) (City / State / Zip Code)

Name & Title of Supervisor: _____

Your Duties / Title: _____

Full Time [] Part Time [] Temporary [] Voluntary [] Unemployed []

Reason for leaving: _____

From: _____ To: _____ Position: _____ Salary: _____ Phone#: _____

Name of Employer: _____

Address: _____
(Complete Street Address) (City / State / Zip Code)

Name & Title of Supervisor: _____

Your Duties / Title: _____

Full Time [] Part Time [] Temporary [] Voluntary [] Unemployed []

Reason for leaving: _____

From: _____ To: _____ Position: _____ Salary: _____ Phone#: _____

Name of Employer: _____

Address: _____
(Complete Street Address) (City / State / Zip Code)

Name & Title of Supervisor: _____

Your Duties / Title: _____

Full Time [] Part Time [] Temporary [] Voluntary [] Unemployed []

Reason for leaving: _____



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WORK HISTORY CONT.

From: _____ To: _____ Position: _____ Salary: _____ Phone#: _____

Name of Employer: _____

Address: _____
(Complete Street Address) (City / State / Zip Code)

Name & Title of Supervisor: _____

Your Duties / Title: _____

Full Time [] Part Time [] Temporary [] Voluntary [] Unemployed []

Reason for leaving: _____

From: _____ To: _____ Position: _____ Salary: _____ Phone#: _____

Name of Employer: _____

Address: _____
(Complete Street Address) (City / State / Zip Code)

Name & Title of Supervisor: _____

Your Duties / Title: _____

Full Time [] Part Time [] Temporary [] Voluntary [] Unemployed []

Reason for leaving: _____

From: _____ To: _____ Position: _____ Salary: _____ Phone#: _____

Name of Employer: _____

Address: _____
(Complete Street Address) (City / State / Zip Code)

Name & Title of Supervisor: _____

Your Duties / Title: _____

Full Time [] Part Time [] Temporary [] Voluntary [] Unemployed []

Reason for leaving: _____



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FINANCIAL HISTORY

Each applicant will provide a copy of a current credit report. The credit standing of each applicant will be considered on an individual basis. Please provide the following information concerning your credit.

What income, other than salary do you receive at the present?

Do you pay child support? Yes No If yes, what amount & how often? \$_____per_____

Are your child support payments current? Yes No If No, explain:

Have you ever had your wages garnished? Yes No If yes, explain:

Are you, at the present, the subject of a tax lien or any other lien? Yes No If yes, explain:

Have you ever filed bankruptcy? Yes No If yes, provide the following information:

(Year Filed) (State / County Filed) (Chapter) (Date of Discharge)

(Year Filed) (State / County Filed) (Chapter) (Date of Discharge)

DEBTS:

What type of payments do you currently owe: (Check all that apply?)

Debt Consolidation

Doctor Bills

Car Payments

Furniture

Hospital/Clinic Charges

Credit Cards

Family/Friends/Employees

Student Loans

Dentist Bills

Court Judgments

Home Improvements

Garnishments

Health / Sports Clubs

Finance Companies

Delinquent Taxes

Appliances

Insurance Premiums

Jewelry Stores

Clothing Bills

Child Support

Bank Loans

Alimony

Any Others Not Listed Above:

Are you the one who pays the bills in your family? Yes No If no, list the individual responsible for payment of your bills and their relationship to you: _____

(Name)

(Relationship)



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(FINANCIAL HISTORY CONT.)

What is the approximate total of your monthly living expenses? \$ _____

Have you ever been a plaintiff or defendant in any law suit? [] Yes [] No If yes, explain:

Are you engaged in a pending law suit at this time? [] Yes [] No

Have you ever had anything repossessed? [] Yes [] No If yes, explain:

GAMBLING

Indicate below what forms of gambling in which you have been involved within the past ten (10) years (check all that apply).

<input type="checkbox"/>	CARDS	<input type="checkbox"/>	HORSES	<input type="checkbox"/>	BINGO
<input type="checkbox"/>	DICE	<input type="checkbox"/>	LOTTERY	<input type="checkbox"/>	SLOT MACHINES
<input type="checkbox"/>	DOGS	<input type="checkbox"/>	VIDEO GAMES	<input type="checkbox"/>	SPORTS
<input type="checkbox"/>	FANTASY SPORTS	<input type="checkbox"/>	VIDEO POKER	<input type="checkbox"/>	OTHER

Approximately how much money have you spent on gambling within the past six (6) months? \$ _____

QUESTION	YES	NO
Have you ever worked with or for a gambler or racketeer?		
Do you owe any person or firm money for gambling debts?		
Have you ever borrowed money to gamble?		
Have you ever used someone else's money to gamble?		
Would you gamble more if you had the money?		

ALCOHOL USE

Do you drink alcoholic beverages: [] Yes [] No If yes, how much and how often?

Since the age of 17 have you ever been arrested because of an alcohol related offense: [] Yes [] No



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ILLEGAL SUBSTANCE USE HISTORY

It is a fact some individuals experiment with different illegal substances sometime during their life. Please describe your use (experimental or otherwise) of any substance which is considered illegal, either in the form of plants, seeds, gases, pills, propellants, liquids, powders, glue, or any inhalants.

Describe the method the substance was administered, i.e., if injected, consumed orally, inhaled or inducted into your body by any means for the purpose of experimentation or "getting high", relieving pain, easing anxiety, depression, inducing sleep, increasing body mass or strength, and/or for ANY other reason. This does not include prescription drugs prescribed for your personal use by a physician.

In the first column below, describe the substance you used (in either common street name or medical/chemical name). In the second column, give the approximate age when you first used the substance. In the third column, give the age you were when you last used the substance. In the fourth column, estimate (to the best of your knowledge) total number of times you used the substance. In the last column, estimate (to the best of your knowledge) the total amount used for each substance listed (total number of pills, injections, total weight, etc.)

*****ALL ANSWERS WILL BE VERIFIED BY ALL INVESTIGATING MEANS AT OUR DISPOSAL*****

SUBSTANCE USED/ ADMINISTERED	AGE FIRST USED	AGE LAST USED	APPROX. NUMBER OF TIMES USED	APPROX. TOTAL AMOUNT USED



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PRIOR ARREST/ CHARGES

Do you know of anything that might prevent you from attaining the position for which you have applied?

Yes No If yes explain: _____

Have you ever been arrested, indicted, convicted, detained, or otherwise charged with any violation of federal, state, county, parish, borough, municipality or city law or ordinance, including military, foreign or juvenile law:

Yes No If yes, give details as follows:

DATE	CHARGE	AGENCY	DISPOSITION

Have you ever been questioned in connection with any violation of the law? Yes No If yes, explain:

Has there ever been a warrant issued for your arrest? Yes No If yes, explain the charge, issuing authority and disposition:

Could you be wanted by any law enforcement agency, foreign or domestic? Yes No

Have you ever been placed on probation or parole? Yes No

Are you now or have you ever been a member of, or associated with, a foreign or domestic organization, association, movement, group or combination of persons whose policy or ideals advocate or approve the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means? Yes No

Are you applying with this department for any dishonest reasons? Yes No

Have you ever given a false statement to an official proceeding? Yes No If Yes, explain:

Have you ever been fingerprinted for purposes other than driving license or cashing a check? Yes No If yes, give details below:

AGENCY	DATE	PURPOSE



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ILLEGAL ACTIVITY

Below are examples of situations/crimes people may become involved in. If you have ever been involved as an offender, accomplice or an involved party in any violation of local, state or federal law, whether or not you were arrested or detected, describe the offense. The polygraph examiner or the voice stress analyzer will take time to listen to anything you have to say in this area.

Burglary	Attempted Murder	Bad Checks	Threats	Felony Theft
Sex Crimes	Theft of Mail	Petty Theft	Theft from Vehicle	Criminal Trespass
Child Pornography	Commercial Gambling	Illegal Drug Sale	Theft from Employer	Armed Robbery
Manslaughter	Forgery (all types)	Auto Theft	Bombing	Shoplifting
False/Altered ID	Assault	Sell/Alcohol Minors	Prostitution	Kidnapping
Drug Trafficking	Theft of Services	Indecent Exposure	Vandalism	Rape
Purse Snatching	Extortion	Child Molestation	Perjury	Pyramids Schemes
Thefts of Cash	Change Price Tags	Illegal Drug Use	Buy Alcohol/Minors	Arson

In your own words, briefly describe how and what illegal activity you were involved in or a party to. Explain the circumstances.

Have you ever driven someone to purchase illegal drugs, been present during a drug transaction involving people you know, been present during drug usage by people you know, or do you associate with anyone (relative or otherwise) whom you know uses illegal drugs? [] Yes [] No If yes, explain: _____

In the space provided, list all items you have taken without permission from places you worked within the past five years. Include thefts of cash and thefts from co-workers, clients, customers, etc. _____

Circle the amount below that comes closest to the total dollar amount of items you have taken from all employers combined during the last Five years.

- \$0 \$10 \$25 \$50 \$75 \$100 \$200 \$500 \$750 \$1000 \$2500**



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DRIVING RECORD

This section pertains to your personal driving history. Please provide all requested information. If you need more space, use blank pages provided at the rear of this booklet.

Your current Driver's License #: _____ State: _____

Date of Expiration: _____ Restrictions: _____

Have you ever possessed a driver's license issued by any other state? Yes No

If yes, list States and License Numbers (if known). _____

Have you ever obtained a driver's license under an assumed name? Yes No If yes, give details (include what State, dates, reason, and whether it was a suspension or revocation). _____

Have you ever been charged with driving under the influence of alcohol or drugs? Yes No If Yes, how many times? _____

Have you ever been denied auto insurance? Yes No If yes, explain: _____

Has your auto insurance ever been cancelled? Yes No If yes, explain: _____

Do you currently have automobile insurance? Yes No

List below all traffic citations that you have received (include any that are still pending):

LOCATION (CITY)	DATE (APPROX.)	NATURE OF VIOLATION	PENALTY/ DISPOSITION

Have you ever struck a person/vehicle/object without stopping and giving assistance and/or reporting accident (hit and run)? Yes No

Have you ever been involved in an auto accident while driving your employer's vehicle? Yes No

Have you ever had any traffic related lawsuits? Yes No If Yes, give details: _____



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DRIVING RECORD CONT.

List, below, all vehicle accidents you were ever involved in as a driver, whether reported or not.

Date: _____ Was Police Report Made? [] Yes [] No Any injuries: [] Yes [] No
 Incident Location: _____
 Cause of Accident: _____
 Who was Citation Issued to? _____

Date: _____ Was Police Report Made? [] Yes [] No Any injuries? [] Yes [] No
 Incident Location: _____
 Cause of Accident: _____
 Who was Citation Issued to? _____

Date: _____ Was Police Report Made? [] Yes [] No Any injuries? [] Yes [] No
 Incident Location: _____
 Cause of Accident: _____
 Who was Citation Issued to? _____

Date: _____ Was Police Report Made? [] Yes [] No Any injuries? [] Yes [] No
 Incident Location: _____
 Cause of Accident: _____
 Who was Citation Issued to? _____

Date: _____ Was Police Report Made? [] Yes [] No Any injuries? [] Yes [] No
 Incident Location: _____
 Cause of Accident: _____
 Who was Citation Issued to? _____

NOTICE TO ALL APPLICANTS

In accordance with Georgia Code 40-5-1 and 40-2-90 as pertaining to driver's license and vehicle registration, I understand I have a maximum of thirty (30) days from the date I move into the state to obtain a Georgia operator's permit and/or a Georgia vehicle license plate for my vehicle(s).

Signature of Applicant _____

Date _____



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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Spalding County Sheriff's Office or to any authorized agent of a criminal justice agency or any private agency upon request of the Spalding County Sheriff's Office, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of any educational institution, financial or credit institution, including, but not limited to, records of loans, records of commercial or retail credit agencies, and other financial statements and records wherever filed; former employer, medical and psychiatric treatment and/or consultation from any hospital, clinic, private practitioner and the United States Veteran's Administration; complaints or grievances filed by or against me and the records and recollections of attorneys at law or any other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have ever 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 determining my suitability for employment by the Spalding County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning myself 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.

I also agree to pay any and all charges or fees incurred concerning this request and can be billed for such charges at the below listed address.

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

Notary Public

Signature of Applicant (Include Maiden Name)

Date

Complete Address

Phone#: _____

Date of Birth: _____

Social Security Number: _____



SPALDING COUNTY SHERIFF'S OFFICE

Darrell Dix, Sheriff

Tony Thomason, Chief Deputy

LAW ENFORCEMENT AFFIDAVIT

Have you ever applied for employment with any Law Enforcement Agency? [] Yes [] No

If yes, did you undergo a background investigation? [] Yes [] No

If yes, under what name were you investigated? _____

What position did you apply for? _____

When did you submit your application? _____

When was the background investigation performed? _____

What is the present status of your application? _____

What is the name(s) of the agency? _____

Have you purposely omitted any information from your employment application, resume, this document, or any other document you have submitted? [] Yes [] No

Failure to truthfully answer the above questions will result in your application being rejected.

Signature (Full Name)

Social Security Number

Date

Notary Public



SPALDING COUNTY SHERIFF'S OFFICE

Darrell Dix, Sheriff

Tony Thomason, Chief Deputy

MILITARY AFFIRMATION

I, _____, do hereby swear or affirm that I have never been enlisted nor served in any branch of the United States or in any foreign military service. I further swear or affirm that I have never served in any branch of the United States Reserve Forces or in any State National Guard.

Applicant's Signature

Date

Notary Public



SPALDING COUNTY SHERIFF'S OFFICE

Darrell Dix, Sheriff

Tony Thomason, Chief Deputy

AUTHORIZATION FOR THE RELEASE OF PERSONAL MILITARY INFORMATION

I, _____, do hereby authorize the National Personnel Records Center or any other custodian of my military records to release to any duly authorized agent of the Spalding County Sheriff's Office any and all information or photo copies of my military personal records. These records include, but are not limited to, copies of my undeleted DD-214, medical records, drug or alcohol information, report of separation, article 15's and/or non-judicial punishments or any other derogatory 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.

Applicant's Signature

Social Security Number

Race/Sex

Date of Birth

Branch of Service

Date and Place Entered

Date and Place Discharged

Notary Public

Date



SPALDING COUNTY SHERIFF'S OFFICE

Darrell Dix, Sheriff

Tony Thomason, Chief Deputy

TESTING NOTICE AUTHORIZATION AND RELEASE FOR SPALDING COUNTY

EMPLOYMENT APPLICANT

I, acknowledge that I have applied for employment with Spalding County, Georgia, and I have been informed a substance abuse test is a requirement for this employment.

I agree to provide all necessary samples of body fluid and to otherwise cooperate in all respects with the collection and testing procedures.

I authorize the county physician or other entities performing or assisting the testing procedure to release the results of any substance abuse test to Spalding County.

I authorize Spalding County to receive and review the results of any substance abuse test.

I realize that failure to appear at the designated time or failure to take the test or to cooperate with the testing or collection procedure will disqualify me from further consideration for employment with Spalding County.

I have carefully read and understand this document.

Applicant's Signature

Applicant's Printed Name

Date

Social Security Number

Notary Public

Date



SPALDING COUNTY SHERIFF'S OFFICE

Darrell Dix, Sheriff

Tony Thomason, Chief Deputy

ACKNOWLEDGEMENT OF TERMS OF REIMBURSEMENT

This acknowledgement must be read and signed by any non-certified candidate for employment as Deputy with the Spalding County Sheriff's Office.

O.C.G.A. 35-8-22

(a) Unless otherwise provided by an employment contract to the contrary, if the State of Georgia or any county or municipality thereof employs a peace officer and said peace officer is hired by another agency within 15 months after completing mandated or formalized training requirements, then the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. If said officer is hired by another agency during a period of 15 to 24 months after mandated or formalized training requirements are completed, then one-half of the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. The council shall set standards for reimbursement by hiring agencies based upon actual expenses incurred in mandated or formalized training by individual departments.

(b) The State of Georgia or any county or municipality thereof which initially paid for the training of a peace officer shall submit an itemized, sworn statement to the new employer of the peace officer and shall demand payment thereof and may enforce collection of such obligation through civil remedies and procedures.

(c) Effective July 1, 2003, in order for the State of Georgia or any county or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the peace officer in question signed an acknowledgment of the terms of this Code section or an employment contract specifying the provisions of this Code section prior to such peace officer's employment with the demanding governmental unit. Otherwise, this Code section shall not apply to such demand for reimbursement.

Signature

Date

Notary

Date