

BURKE COUNTY SHERIFF'S OFFICE



EMPLOYMENT APPLICATION & QUESTIONNAIRE

EMPLOYMENT APPLICATION INSTRUCTION SHEET

1. This sheet has been prepared to assist you in completing this application for employment with the Burke County Sheriff's Office.
2. The application must be **typewritten** or **printed using black ink** and must be clear and legible.
3. If additional space is needed for any section or question on the application, or if you wish to furnish additional information, attach sheets of paper the same size as the application, and assign numbered answers to correspond to the questions.
4. The authorization for Release of Personal Information Form must be **signed** and **notarized**.
5. The Probation Period Policy Statement **must** be signed and dated.
6. If you are unable to obtain any information requested on the application, an explanation must be given as to the reason.
7. You must answer all questions correctly. **Do not use "N/A", meaning not applicable.** Failure to furnish the pertinent information requested on the application may result in the Burke County Sheriff's Office being unable to complete a background investigation and may disqualify you as a candidate for employment. Intentional omissions or false answers will be a basis for the termination of the application process or termination of employment.
8. The information provided by you will be subject to both polygraph examination and background investigation.
9. Please read the following statement, then sign and elate this form. Your signature denotes that you have read and understand the statement.

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.

Signature

Date

GENERAL INFORMATION

The following documents must be submitted in order to process your pre-employment investigation. Items 3, 4 and 5 must be a "**CERTIFIED**" copy. No photo static copies will be accepted in lieu of certified copies. Failure to furnish all the information requested will result in the entire package being returned to you. Send the requested information to:

Burke County Sheriff's Office
P.O. Box 702
Waynesboro, Georgia 30830

1. Completed Personal Data Form, Pre-Employment Questionnaire, Authorization for Release of Personal Information, and Probation Period Policy Statement.
2. Copy of Driver's License
3. Copy of Social Security Card
4. Copy of Birth Certificate
5. Certification of Naturalization (If Naturalized Citizen - Must be Certified Copy) - If Applicable –
6. Court Orders Authorizing Any Name Change (Must be Certified Copy) - If Applicable –
7. 7 Year Driver's History from Department of Motor Vehicle (Must be Certified Copy)
8. Copies of Diploma From:
 - a. High School or equivalent (diploma)
 - b. College
 - c. Vocation/Technical Schools
9. Copy of P.O.S.T. Certification (if currently certified)
10. DD-214 for each period of Military Service
11. A recent full-length photograph (head-to-toe)

Position(s) Applied For: _____ Date: _____

PRE-EMPLOYMENT QUESTIONARE

Name: _____
Last First Middle

List any other names you have used or been known by and attach a statement giving reason.

(If none, so state): _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Social Security: _____ Date of Birth: ____/____/____ Place of Birth (City, State): _____

Home Address: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

List all organizations, clubs and associations of which you are or have been a member within the past ten (10) years.

NAME

CITY/STATE

List any hobbies, special skills and abilities you possess:

The following questions pertain to mandatory requirements for employment with the Burke County Sheriff's Office:

1. Do you have a high school diploma or equivalent?
2. Have you ever been convicted of a felony?
3. Have you ever used or experimented with any type of illegal drugs/substance?
If so, list date, type of drug/substance and number of times used:

RESIDENCES

From (Mo/Year)	To (Month/Year)	Address	City	State

List all person(s) who reside with you and relationship:

MARITAL STATUS

1. Single Married Separated Divorced Widowed

If married:

Spouse's Name: _____

Spouse's Address: _____

Spouse's Occupation: _____

Spouse's Employer: _____

2. If a marriage to which you were a part was dissolved, list former wife/husband's name(s):

Name: _____

Current Address: _____

Current Phone Number: _____

Name: _____

Current Address: _____

Current Phone Number: _____

3. List all dependents (Include all children who may not live in your household):

NAME	DATE OF BIRTH	RESIDENCE ADDRESS / PHONE NUMBER
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REFERENCES

List the names of three (3) persons not related to you, and not former employers, who have known you for the past five (5) years. All persons named may be asked to appraise your character ability, experience and other qualities.

**** All addresses and phone numbers must be current. DO NOT use post office boxes as an address. ****

Name: _____

Business Phone: _____ Home Phone: _____

Address: _____
Street & Number City State Zip

Business, Occupation, or Profession _____

Name: _____

Business Phone: _____ Home Phone: _____

Address: _____
Street & Number City State Zip

Business, Occupation, or Profession _____

Name: _____

Business Phone: _____ Home Phone: _____

Address: _____
Street & Number City State Zip

Business, Occupation, or Profession _____

ACQUAINTANCES

List the names of two (2) persons not related to you, and not former employers or references who are friends, fellow students or co-workers who have seen you frequently during the past year.

**** All addresses and phone numbers must be current. DO NOT use post office boxes as an address. ****

Name: _____

Business Phone: _____ Home Phone: _____

Address: _____
Street & Number City State Zip

Business, Occupation, or Profession _____

Name: _____

Business Phone: _____ Home Phone: _____

Address: _____
Street & Number City State Zip

Business, Occupation, or Profession _____

CRIMINAL HISTORY

1. Have you ever been arrested or convicted of a crime (excluding traffic offenses)?
_____ Yes _____ No - If yes, specify: _____

2. Have you ever plead guilty or nolo contendere to a crime (excluding traffic offenses)?
_____ Yes _____ No - If yes, specify: _____

3. Have you ever plead guilty, entered into a Pre-trial Intervention or received First Offender treatment?
_____ Yes _____ No - If yes, specify: _____

4. Were you ever arrested as a juvenile? _____ Yes _____ No
If yes, specify: _____

5. If you answer "yes" to any question below, give explanation in space below:

Have you ever been?

- | | | |
|---|------------------------------|-----------------------------|
| Sentenced to incarceration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Placed in a police lineup? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Booked/Bonded/Released from Custody | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Placed on probation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Placed in jail? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Placed in a holding cell? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Placed in a military stockade? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Placed in a training school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Questioned as a suspect of a crime by police? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explanations: _____

6. Did you use/try illegal drugs...

- in grammar school? Yes No Type Drug _____
- in high school? Yes No Type Drug _____
- in college/trade school? Yes No Type Drug _____
- in the military? Yes No Type Drug _____
- at work? Yes No Type Drug _____
- just prior to reporting to work? Yes No Type Drug _____
- at lunch/breaks at work? Yes No Type Drug _____
- just after getting off work? Yes No Type Drug _____

7. In which of the following ways have you used/tried illegal drugs?

- Sniffing Yes No Type Drug _____
- Mainlining Yes No Type Drug _____
- Intravenous Yes No Type Drug _____
- Skin Popping Yes No Type Drug _____
- Orally Yes No Type Drug _____
- Freebasing Yes No Type Drug _____
- Shotgunning Yes No Type Drug _____
- Smoking Yes No Type Drug _____

8. Do you own any type of drug paraphernalia? Yes No

If yes, describe the paraphernalia: _____

9. What is the most illegal drug/substance you have purchased at one time? _____

How much did you pay for it? _____

How long did it last you? _____

10. What is the most illegal drug/substance that has been given to you? _____

11. What is the most illegal drug/substance that you have ever given away? _____

12. What is the most illegal drug/substance that you have ever sold? _____

13. Have you ever overdosed on illegal drugs/substances? Yes No

If yes, explain _____

14. Have you ever illegally used anyone else's prescription? Yes No

If yes, explain _____

15. Have you ever grown or participated in growing marijuana? Yes No

If yes,
How much: _____

When: _____ Where: _____

What did you do with the marijuana? _____

16. Have you ever manufactured or participated in manufacturing illegal drugs/substances?

Yes No

If yes, what drug/substance? _____

When: _____ Where: _____

What did you do with the drug/substance? _____

DRIVER'S HISTORY

1. Do you have a current driver's license? _____
2. What state? _____
3. What classification? _____
4. Your driver's license number: _____
5. When does it expire? _____

6. List below all traffic citations you have received (except parking):

LOCATION (CITY/STATE)	APPROX. DATE	VIOLATION	DISPOSITION

7. Did you ever possess a driver's license issued by any state other than Georgia Yes No

 If yes, give state and license number: _____

8. Has your license ever been suspended or revoked? Yes No

 If yes, explain: _____

9. Have you been refused a driver's license by any state? Yes No

 If yes, explain: _____

10. Was your auto insurance ever cancelled? Yes No

 If yes, explain: _____

11. Were you ever denied auto insurance? Yes No

 If yes, explain: _____

12. Current automobile insurance carrier?

 Policy number: _____

13. Have you ever obtained a driver's license under another name? Yes No

 If yes, explain: _____

EDUCATION

Circle the highest year of education that you successfully completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

If you graduated from high school or received a GED Certificate, complete the following:

School	Address	Year Graduated
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If you attended a University, College and/or Vocational School, list the name of the school, location attended, major courses of study and degree or certificate obtained.

SCHOOL COLLEGE UNIVERSITY	ADDRESS	DATES ATTENDED	MAJOR	DEGREE/CERTIFICATE

If you have any technical skills, not necessarily acquired through formal education, list them here:

Were you ever expelled or suspended from any school?

Yes No

If yes, explain _____

WORK HISTORY

1. Were you previously employed with the Burke County Sheriff's Office? Yes No
If yes, when _____

2. Are you now or have you ever given a written reprimand to you for being absent?
 Yes No If yes, explain: _____

3. Did a supervisor ever give a written reprimand to you for being absent? Yes No
If yes, explain: _____

4. Did a supervisor ever reprimand you for misconduct? Yes No
If yes, explain: _____

5. Were you ever fired or disciplined because of an accident? Yes No
If yes, explain: _____

6. Do you have any pending disciplinary action(s)/investigations(s) with any current/past employer, licensing board, or professional certifying body Yes No
If yes, explain: _____

7. Circle the number of times you have been asked to resign or fired from a job in the past ten (10) years.

 0 1 2 3 4 5 6 7 8 9 10

8. Are you willing to work nights and weekends? Yes No

9. List ALL jobs you have held since high school graduation (or for the past 7 years). Put your PRESENT or MOST RECENT job first, use additional paper, if necessary. Include Military Service in proper time sequence.

Include all temporary and part-time jobs REGARDLESS OF HOW LITTLE TIME WAS INVOLVED. Specify month and year for time periods. All address and phone numbers must be current. DO NOT use a post office box as an address.

FROM: ____/____ TO: ____/____ POSITION: _____

Name of Employer: _____

Address: _____

Street & Number

City

State

Zip

Phone Number: _____

Duties and Responsibilities: _____

Name and Title of Supervisor: _____

Reason of Leaving: _____

Would your employment be jeopardized if your present employer was contacted during the background investigation Yes No

FROM: ____/____ TO: ____/____ POSITION: _____

Name of Employer: _____

Address: _____

Street & Number

City

State

Zip

Phone Number: _____

Duties and Responsibilities: _____

Name and Title of Supervisor: _____

Reason of Leaving: _____

Would your employment be jeopardized if your present employer was contacted during the background investigation Yes No

FROM: ____/____ TO: ____/____ POSITION: _____

Name of Employer: _____

Address: _____
Street & Number City State Zip

Phone Number: _____

Duties and Responsibilities: _____

Name and Title of Supervisor: _____

Reason of Leaving: _____

Would your employment be jeopardized if your present employer was contacted during the background investigation Yes No

FROM: ____/____ TO: ____/____ POSITION: _____

Name of Employer: _____

Address: _____
Street & Number City State Zip

Phone Number: _____

Duties and Responsibilities: _____

Name and Title of Supervisor: _____

Reason of Leaving: _____

Would your employment be jeopardized if your present employer was contacted during the background investigation Yes No

FROM: ____/____ TO: ____/____ POSITION: _____

Name of Employer: _____

Address: _____
Street & Number City State Zip

Phone Number: _____

Duties and Responsibilities: _____

Name and Title of Supervisor: _____

Reason of Leaving: _____

Would your employment be jeopardized if your present employer was contacted during the background investigation Yes No

MILITARY HISTORY

1. Have you ever served in the Armed Forces of the United States? Yes No
If yes, complete the following:

Branch of Service: _____

Service Number: _____ Highest Rank Held: _____

2. What is the type of discharge? (Honorable, dishonorable, general, honorable conditions, etc.) Be specific: _____

3. Are you now or were you ever a member of the National Guard/Reserve? Yes No
If yes, provide the following information:

State: _____ Unit: _____

Highest Rank Held: _____ Location: _____

From: _____ To: _____

Type of Discharge: _____

4. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, desk court, captain's mast or company punishment, or any other formal disciplinary action, including any pending disciplinary action, while a member of the Armed Forces/Reserve/National Guard? Yes No

If yes, explain: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records, concerning myself to the Burke 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 all records of my driver's history, criminal history, educational background, military personnel records, records of military service, all records of financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or rating), and other financial statements and records wherever filed, medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, polygraph report and charts, efficient ratings, complaints or grievances filed by or against me.

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. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Burke County Sheriff's Office to be a participant in the determination process of my employment suitability. I also 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.

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.

I have read and fully understand the contents of this authorization for release of information.

Full Name Printed	Signature	Date	
Address	City	State	Zip
Sex	Race	Date of Birth	
Social Security Number	Driver's License Number		State
Notary Public	Date		

ATTENTION – THIS STATEMENT MUST BE SIGNED

PROBATION PERIOD – STATEMENT OF UNDERSTANDING

I understand that employment with the Burke County Sheriff's Office begins with a probationary period during which I must demonstrate my fitness for continued employment. In addition, I understand that failure to successfully complete this probationary period will result in the termination of employment.

I further understand that an employment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application can be the basis for dismissal from the Burke County Sheriff's Office. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Signature of Applicant

Date