

# WORTH COUNTY EMPLOYMENT APPLICATION

201 N Main Street, Room 14, Sylvester, Georgia 31791, Office (229)776-8211, Fax (229)776-8228

**FILL OUT THIS APPLICATION CLEARLY AND COMPLETELY.** In order to be eligible for employment, an application must be submitted for each position as it becomes available. Applications and attachments, once submitted, become the property of Worth County and are not to be returned.

Position		Salary Desired		Date of Application		Date Available	
Last Name		First Name		Middle Name		Home Phone #	
						Alternate Phone #	
Street Address		City		State		Zip Code	
Social Security Number		Driver's License Number		State		Class	
						Referred By	
<b>WORKING CONDITIONS</b>							
If It were REQUIRED for the performance of the job, would you work:							
Overtime		Evenings		Nights			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Rotating Shifts		Weekends		Holidays			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>EDUCATION, TRAINING AND OTHER JOB-RELATED INFORMATION</b>							
High School		City		State		Did you graduate?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						*Are you at least 18 year of age?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you did not graduate from High School, list highest grade completed:				GED: <input type="checkbox"/> No <input type="checkbox"/> Yes/Date Received:			
Name		City		State		Dates Attended	
						From To	
						Type of Degree	
College							
Trade School							
Other							
List certifications, licenses, professional registrations or other credentials.							
Check any skills you have:				Have you ever taken a typing test?			
<input type="checkbox"/> Typing				<input type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> Ten Key By Touch							
<input type="checkbox"/> Shorthand				<input type="checkbox"/> Personal Computer			
<input type="checkbox"/> Bilingual				<input type="checkbox"/> Other			
				Have you worked for Worth County before?			
				<input type="checkbox"/> No <input type="checkbox"/> Yes			
Except for minor traffic violations, have you ever been convicted of a felony or a misdemeanor?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been placed on probation?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Has a court found evidence substantiating your guilt in a crime and deferred proceedings?				<input type="checkbox"/> Yes <input type="checkbox"/> NO			
If the answer is YES to any of the above questions, describe all incidents on an additional sheet of paper.							

Applicant's Name \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Name	Address	City	State	Phone Number
Name	Address	City	State	Phone Number
Name	Address	City	State	Phone Number

**PERSONAL REFERENCES**

Name two persons not related to you who have knowledge of your character.

Name	Address	City	State	Phone Number
Name	Address	City	State	Phone Number

Applicant's Name \_\_\_\_\_

## WORTH COUNTY SHERIFF'S OFFICE

201 N Main Street, Room 14  
Sylvester, Georgia 31791

### PERSONAL HISTORY SHEET

Due to the unique requirements of a position in law enforcement, an extensive investigation of an applicant's personal background is necessary. It is important that you complete this Personal History Sheet as thoroughly as possible. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. The number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

Be as complete, honest and specific as possible in your responses.

<b>For Sheriff's Office Use Only</b>	
Applicant	
Position:	
<input type="checkbox"/> Detention Officer	
<input type="checkbox"/> Deputy	
<input type="checkbox"/> Investigator	
<input type="checkbox"/> Administrative	
Upon Initial review:	
<input type="checkbox"/> PHS appears complete, continue in process	
<input type="checkbox"/> PHS Incomplete, action taken:	
<input type="checkbox"/> Rejected, action taken:	
Reviewer:	Date:

Applicant's Name \_\_\_\_\_

## PERSONAL HISTORY STATEMENT

\*\*\*\*\*ATTENTION\*\*\*\*\*

DO NOT MISSTATE OR OMIT FACTS WHEN COMPLETING YOUR PERSONAL HISTORY STATEMENT. THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION IN DETERMINING YOUR QUALIFICATIONS FOR EMPLOYMENT.

NO STATEMENT CONTAINED HEREIN SHALL CONSTITUTE AN OFFER OR CONDITION OF EMPLOYMENT.

PLEASE READ CAREFULLY! INCOMPLETE PERSONAL HISTORY STATEMENTS WILL NOT BE ACCEPTED.

Your Personal History Statements (PHS) is subject to a complete background investigation of personal, financial, education and employment history. Questions relating to age, height, weight and physical characteristics, when not specifically related to the job requirements, are used for the purpose of identification in our background investigation and for no other purpose.

Any misstatements of fact or omission of material information reported in this PHS, or withholding new information that may affect your qualifying for employment may disqualify you from employment with the Worth County Sheriff's Office for the next 2 years. All responses will be held in confidence to the extent allowed by the law. The ability to make legible, accurate and complete records is an important part of law enforcement work.

\*\*\*\*\*

### INSTRUCTIONS:

PRINT all answers. DO NOT TYPE. This statement must be completed by YOU and no one else.

Answer EVERY question. If the information requested does not apply to you, print "N/A" in the space provided.

If you cannot remember or do not know the requested information, print, "I cannot remember" or "I do not know". Make all attempts to gather the information requested.

This statement must be returned to the Worth County Sheriff's Office.

You must submit copies of the following documents that apply to you at the time the PHS is completed:

- \_\_\_ High School Diploma, High School transcript or GED
- \_\_\_ College transcripts and degree (Official Copies)
- \_\_\_ DD-214 (Member 4)
- \_\_\_ Any training certificates which pertain to law enforcement
- \_\_\_ Disposition of any arrest(s)
- \_\_\_ Birth Certificate
- \_\_\_ Driver's License and Social Security Card
- \_\_\_ Any name change records

If you were subject of any form of military, discipline while serving in the Armed Forces you will be required to provide official documentation of the incident(s).

Be as thorough as possible.

I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS AND WILL COMPLY WITH ALL INSTRUCTIONS HEREIN.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Applicant's Name \_\_\_\_\_

### **BACKGROUND/QUALIFICATION INFORMATION AGREEMENT**

A comprehensive review and investigation will be conducted to determine your qualifications for the position.

Your employment with the Worth County Sheriff's Office will depend on the information obtained from you and from your interviews. The information we obtain from your references, both personal and professional, is strictly confidential.

It is the practice and policy of the Worth County Sheriff's Office to not discuss the reason(s) for rejection for those applicants who are not accepted for employment.

I have read and agree to the above statement.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers. All entries are made by me and are true, complete and correct. I understand that if hired I may be discharged if the information provided by me contains any misrepresentations, falsifications or if any material information has been omitted.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_

**APPLICANT IDENTIFICATION**

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Visiting \_\_\_\_\_

\_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Legal Alien \_\_\_\_\_ Naturalized, Date \_\_\_\_\_ State \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Aliases, Nicknames, Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
(City, County, State, Country)

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Tattoos or Distinguishing Scars or Marks \_\_\_\_\_

In case of Emergency notify \_\_\_\_\_

Is your application for employment complete and truthful to the best of your knowledge? \_\_\_\_\_ Yes \_\_\_\_\_ No

Applicant's Name \_\_\_\_\_

**EMPLOYMENT HISTORY**

You must list the name and title of the person who is/was directly in charge of you.

Employer	Phone Number		
Address	City	State	Zip Code
Dates Employed	Salary		
Job Title	Duties	Reason for Leaving	
Supervisor's Name	Phone Number		

Employer	Phone Number		
Address	City	State	Zip Code
Dates Employed	Salary		
Job Title	Duties	Reason for Leaving	
Supervisor's Name	Phone Number		

Employer	Phone Number		
Address	City	State	Zip Code
Dates Employed	Salary		
Job Title	Duties	Reason for Leaving	
Supervisor's Name	Phone Number		

Employer	Phone Number		
Address	City	State	Zip Code
Dates Employed	Salary		
Job Title	Duties	Reason for Leaving	
Supervisor's Name	Phone Number		

Applicant's Name \_\_\_\_\_

Employer	Phone Number		
Address	City	State	Zip Code
Dates Employed	Salary		
Job Title	Duties	Reason for Leaving	
Supervisor's Name	Phone Number		

Employer	Phone Number		
Address	City	State	Zip Code
Dates Employed	Salary		
Job Title	Duties	Reason for Leaving	
Supervisor's Name	Phone Number		

Employer	Phone Number		
Address	City	State	Zip Code
Dates Employed	Salary		
Job Title	Duties	Reason for Leaving	
Supervisor's Name	Phone Number		

Employer	Phone Number		
Address	City	State	Zip Code
Dates Employed	Salary		
Job Title	Duties	Reason for Leaving	
Supervisor's Name	Phone Number		

IF CONTACT WERE MADE AT THIS TIME WITH YOUR PRESENT EMPLOYER WOULD IT JEOPARDIZE YOUR POSITION?  
 \_\_YES \_\_NO

COMMENTS \_\_\_\_\_



Applicant's Name \_\_\_\_\_

- A. Have you ever resigned or been asked to resign from any job in lieu of being fired or terminated? If yes, explain. \_\_\_\_\_ YES NO  
 \_\_\_\_\_
- B. Have you ever been fired from a job? If yes, explain. \_\_\_\_\_ YES NO  
 \_\_\_\_\_
- C. Have you ever quit a job without giving at least two weeks' notice? If yes, explain. \_\_\_\_\_ YES NO  
 \_\_\_\_\_
- D. The work schedule for this position may require you to work day, evening, or midnight shifts. Are there any specific times that you are unable to work? If yes, list the times. \_\_\_\_\_ YES NO  
 \_\_\_\_\_

**MILITARY RECORD:**

- A. When did you register with the Selective Service? \_\_\_\_\_  
 (This question does not apply to female applicants.)
- B. Were you ever in the ROTC or any similar program in High School or College? If yes, explain. \_\_\_\_\_ YES NO  
 \_\_\_\_\_
- C. Have you ever served in any branch of the US Armed Services? (If no, skip questions D and E.) \_\_\_\_\_ YES NO  
 \_\_\_\_\_
- D. Your military service:
- | Branch | Enlistment Date | Discharge Date | Character of Service (honorable, etc.) |
|--------|-----------------|----------------|--|
| Branch | Enlistment Date | Discharge Date | Character of Service (honorable, etc.) |
| Branch | Enlistment Date | Discharge Date | Character of Service (honorable, etc.) |
- E. What is/was your primary assignment? \_\_\_\_\_

**ARRESTS, DETENTIONS, CITATIONS:**

- A. Have you ever been contacted, questioned, detained, fingerprinted, arrested, or charged with any crime by any law enforcement agency (civilian or military) whether or not you were arrested? If yes, list below: \_\_\_\_\_ YES NO  
 \_\_\_\_\_
- | Agency | Date | Reason |
|--------|------|--------|
| Agency | Date | Reason |
| Agency | Date | Reason |

APPLICANT'S NAME \_\_\_\_\_

- B. List all states where you currently possess a driver's license or have in the past possessed a driver's license. Include the state and license number, if known. Begin with your current license.

State	License No.	Appx. Date Issued
State	License No.	Appx. Date Issued

- C. Has your driver's license ever been suspended or revoked for any reason? If yes, explain. YES NO  
 \_\_\_\_\_  
 \_\_\_\_\_

**LAW ENFORCEMENT/SECURITY/MILITARY POLICE/JAILER HISTORY:**

- A. Have you ever applied with the Worth County Sheriff's Office before this date or any other law enforcement agency for any position? If so, provide the below requested information. Under heading "Position", identify the application as police officer, jailer, dispatcher, etc. Under heading "Status" explain where you are in that agency's hiring process, i.e. "awaiting test date", "failed physical agility", "hired", etc. YES NO  
 \_\_\_\_\_

Agency	Position	Date	Status
Agency	Position	Date	Status
Agency	Position	Date	Status
Agency	Position	Date	Status

- B. Have you ever taken part in a police ride-along program? If yes, what department and when? YES NO  
 \_\_\_\_\_

- C. Do you have, or have you ever applied for any of the following licenses from the Georgia POST on Law Enforcement Officer Standard and Education: YES NO  
 \_\_\_\_\_  
 \_\_\_ Temporary Jailer \_\_\_ Peace Officer \_\_\_ Firearms Instructor  
 \_\_\_ Jailer \_\_\_ Instructor

Worth County Sheriff's Office  
201 N. Main St, Room 14  
Sylvester, GA 31791  
Telephone: 229-776-8211 Fax: 229-776-8228

Personal Declarations:

This section covers the use of any controlled substances, dangerous drugs, inhalant or marijuana. "Use" means the introduction into your body by inhaling, smoking, ingesting, tasting, trying, experimenting, or by any other means.

Have you in the last two (2) years used any of the following:

Yes	No	
_____	_____	Amphetamines (speed/methamphetamine)
_____	_____	Barbiturates
_____	_____	Cocaine
_____	_____	Codeine (not prescribed)
_____	_____	Crack Cocaine
_____	_____	Ecstasy (XTC)
_____	_____	Hashish
_____	_____	Heroin
_____	_____	LSD (Acid)
_____	_____	Marijuana
_____	_____	Methadone/Methaqualone
_____	_____	Mescaline
_____	_____	PCP (Angel Dust)
_____	_____	Psilocybin (Mushrooms)
_____	_____	Steroids (not prescribed)
_____	_____	Tranquillizers (not prescribed)
_____	_____	Any other illegal drugs not listed above or prescribed to you? If yes, list

\_\_\_\_\_  
\_\_\_\_\_

Applicant's Name \_\_\_\_\_

## WORTH COUNTY SHERIFF'S OFFICE

201 N Main Street, Room 14  
Sylvester, Georgia 31791  
Telephone: (229)776-8211 Fax: (229) 776-8228

### AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I have applied for employment with the Worth County Sheriff's Office. It is my desire that they be informed as to my previous record and character in determining my qualifications and suitability for a position with the Sheriff's Office. For this specific reason, I authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature to a duly authorized agent of the Worth County Sheriff's Office.

The following are examples of the type of information being requested:

Criminal arrest records  
Officer's notebook notations  
Traffic citations  
Court records/reports  
Performance evaluations  
Polygraph results  
School transcripts

Detentions, field citations  
Jail and Custody information  
Traffic accident reports/records  
Probation/Parole reports/records  
Other reports or records  
Disciplinary reports  
Medical information

Field interviews  
Booking information  
District Attorney records  
Laboratory reports/results  
Employment records  
Credit history  
Psychological evaluations

I authorize the Worth County Sheriff's Office to read, review, or photocopy any documents to allow them to assess my suitability as an employee of the Sheriff's Office.

I also understand that if my background investigation for this position should uncover information that I have, or am suspected of having, or have been engaged in illegal activities, that this information will likely bar me from further consideration for this position and it will be forwarded to the appropriate law enforcement agency that has jurisdiction over investigating the illegal activity.

This waiver is valid for a period of twelve (12) months from the date of my signature. A photocopy of this notarized Waiver is to be considered as valid as an original waiver even though it does not contain an original signature.

"I hereby release you, your organization, and others from liability or damage which may result from furnishing the information requested."

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature (MUST be notarized)

\_\_\_\_\_  
Date

This instrument was acknowledged before me on \_\_\_\_\_  
by: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Print Name



**Georgia Peace Officer Standards & Training Council**  
**Application for Certification**

**PERSONAL HISTORY RELEASE**

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. 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.

A photo copy 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 understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.

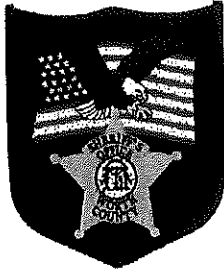
Last Name		First Name		Middle Name
DATE OF BIRTH (mdyyyy)	MAIDEN NAME		PHONE NUMBER (AREA CODE) - NUMBER (    ) -    -	
Social Security Number:				
EMAIL ADDRESS				
ADDRESS: <i>Street</i>			Apartment/Unit#	
City:		State:	Zip Code:	

\_\_\_\_\_  
Candidate Signature (including maiden name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date



## Worth County Sheriff's Office

*Sheriff Donald R. Whitaker*

201 N Main St Room 14

Sylvester, GA 31791

(229)776-8211 phone (229)776-8228 (fax)

Teletype: GA1590000



### Driver History Consent Form

As a condition of employment, I \_\_\_\_\_ give consent to the Worth County Sheriff's Office to run a drivers history. I am aware that the Worth County Sheriff's Office will complete the drivers history using my personal information which I have provided to the for the sole purpose of my employment with the Worth County Sheriff's Office.

By furnishing the requested information, you are acknowledging that you give consent to run this report, and that you understand that the report is part of the requirement to be employed by the Worth County Sheriff's Office.

\_\_\_\_\_  
Last Name, First Name Middle Name (Please Print)

\_\_\_\_\_  
Sex Race Date of Birth Driver's License Number State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize WORTH COUNTY SHERIFF'S OFFICE Agency/Company to conduct an inquiry for 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)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment / Housing
<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 & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III 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

GA1590000

Worth County Sheriff's Office

201 N. Main St, Room 14

Sylvester, GA 31791

Revised March 2019