

Office of the Sheriff

Jimmy McDuffie, Sheriff

Name: _____

Date Received: _____



Position Applied For: _____

Sheriff _____

Chief Deputy _____

Investigator _____

Dear Applicant:

Attached is an application for employment with the Effingham County Sheriff's Office.
Please fill it out completely and attach the following documents:

Copy of your Birth Certificate

Copy of your Driver's License

Copy of your Social Security Card

Copy of your High School diploma or GED certificate

Copy of your DD 214 Long Form (if applicable)

Copies of any certificates of training in the area of Law Enforcement or Security work

Copy of your Marriage License & Divorce Decree (if applicable)

Certified Driver History for 7 years. Must be obtained from Georgia State Patrol at your expense.

When you have completed the application and have all copies of all needed documentation, please bring your application to:
Effingham County Sheriff's Office
130 First Street Extension
Springfield, GA 31329

**WITHOUT THE ABOVE DOCUMENTATION YOUR
APPLICATION WILL NOT BE PROCESSED.**

Applications will be held for a period of 6 months.

IMPORTANT NOTICE

IT IS TO YOUR ADVANTAGE TO BE ABSOLUTELY TRUTHFUL IN ANSWERING ALL QUESTIONS IN YOUR INTERVIEWS, ON YOUR APPLICATION AND PERSONAL HISTORY STATEMENT.

A MISSTATEMENT OF FACT OR THE OMISSION OF REQUESTED INFORMATION IS GROUNDS FOR **AUTOMATIC** REJECTION.

WE HAVE FOUND IN THE PAST THAT SOME APPLICANTS HAVE BEEN REJECTED BECAUSE OF A MISSTATEMENT OR OMISSION WHERE THE FACT WHICH THEY ATTEMPTED TO HIDE WOULD NOT HAVE BEEN A REASON FOR REJECTION.

WE ENCOURAGE YOU TO BE ABSOLUTELY TRUTHFUL IN THESE MATTERS.

INSTRUCTIONS AND INFORMATION
PLEASE READ CAREFULLY BEFORE BEGINNING

1. An investigation will be conducted by personnel in the Internal Affairs unit based on the information you provided in this application. It is critical that you fill out this application completely, truthfully and accurately. At any point during the background investigation, or thereafter, it is found that you misrepresented, deliberately omitted or falsified any information, you will be automatically disqualified from further consideration.

It is imperative that you list any convictions to include a finding or a verdict of guilt, a plea of guilty, or a plea of nolo contendere in a criminal proceeding, regardless of whether the judgment of guilt or sentence is withheld or not entered thereon. This includes first offenders (OCGA 35-8-7.1). Do not leave any blanks in this booklet. If an item does not apply, write NA.

I fully understand what I have read.

Signature

Date

Notary Public

Date

Investigator Signature

Date

2. Please complete the application in **YOUR OWN HANDWRITING.**
3. If you are a Georgia Certified Peace Officer (registered with the Georgia Peace Officers Standards and Training Council, POST) please attach a copy of your basic certificate displaying your certification number.
4. The following situation **WILL** prohibit an applicant from serving as a law enforcement officer:
 - a. Conviction in any Court of a felony offense.
 - b. Conviction in any Court of a drug related offense.
 - c. Less than twenty-one (21) years of age at time of appointment.
 - d. Any medical, physical, or mental condition which would prevent an Applicant from satisfactorily performing assigned duties or complying with regulations of the Georgia POST Council.

Peace Officer Applicants ONLY

I, _____, hereby acknowledge that I am a Peace Officer applicant.

1. I hereby request that my former employers release to any law enforcement agency requesting employment related information as defined in O.C.G.A. §35-8-8(c)(1) the following:

All written information contained in a prior employer's records or personnel files that relates to an applicant's, candidate's, or peace officer's performance or behavior while employed by such prior employer, including performance evaluations, records of disciplinary actions, and eligibility for rehire. Such term shall not include information prohibited from disclosure by federal law or any document not in the possession of the employer at the time a request for such information is received.

2. In consideration of your providing such information to my prospective Law Enforcement employer, I hereby forever release and agree to hold harmless and to defend from all liability for any claims, causes of action or suits or charges by every former employer who provides such complete and accurate information about my employment to the requesting law enforcement agency in accord with O.C.G.A. §35-8-8(c)(2).

3. I understand that O.C.G.A. §35-8-8(c)(5) provides as follows:

Before taking final action on an application for employment based, in whole or in part, on any unfavorable employment related information received from a previous employer, a law enforcement agency shall inform the applicant, candidate, or peace officer that it has received such employment related information, and that the applicant, candidate, or peace officer may inspect and respond in writing to such information. Upon the applicant's, candidate's, or peace officer's request, the law enforcement agency shall allow him or her to inspect the employment related information and to submit a written response to such information. The request for inspection shall be made within five business days from the date that the applicant, candidate, or peace officer is notified of the law enforcement agency's receipt of such employment related information. The inspection shall occur not later than ten business days after said notification. Any response to the employment related information shall be made by the applicant, candidate, or peace officer not later than three business days after his or her inspection.

Applicant Signature

(Print Name)

Sworn to Before Me this _____ day of _____ 20____

Notary Public

Signature of Notary

My commission expires: _____

PERSONAL INFORMATION

1. Name: _____
 2. Present Address: _____
City _____ State _____ Zip _____
 3. Date of Birth: ____/____/____ Place of Birth: _____
 4. Social Security Number: _____
 5. Height: _____ Weight _____ Hair color: _____
Eye color: _____
 6. Have you ever used any other name? Yes _____ No _____
 7. Have you ever legally changed your name? _____ If "YES" what was your
Former name? _____
 8. Phone Number: _____
2nd Phone Number: _____
 9. How long at present address? _____
Rent? Yes _____ No _____ Live with family? Yes _____ No _____
Own? Yes _____ No _____
Name of Landlord: _____ Phone Number: _____
 10. Previous addresses if less than 10 years at current address:
1. _____
2. _____
3. _____
4. _____
- *** Email address: _____

11. Have you ever filed an application with Effingham County Government before?
Yes: _____ No: _____ If so, when and for what positions? _____

MILITARY SERVICE

12. Complete Military Service:
Branch of Service: _____ Active/Guard/Reserve (circle all that apply)
Service Number: _____ Dates of Service: _____
Highest Rank Attained: _____ MOS/Rating _____
Honorable Discharge: Yes _____ No _____
(if other than honorable, please explain on separate sheet):
13. If member of Reserve or Guard Unit, specify Branch and Unit: _____

14. Did you ever receive any type of disciplinary action? Yes _____ No _____
Court Martial? _____ AWOL? _____ Reduction in Rank? _____
Article 15? _____ Any other? _____
15. Name of your last supervisor: _____
Phone Number and Unit: _____

FORMAL EDUCATION

16. Highest grade of school completed: _____
17. Did you graduate from High School? Yes _____ No _____
Dates Attended: _____
18. Name of High School: _____
City/State: _____

19. If you did not graduate from high school, do you have a GED Certificate?
 Yes _____ No _____ Date Obtained: _____
20. Give names and locations of any Colleges and Universities you have attended, and major course work studied.

21. Circle highest year of college completed: 1 2 3 4 Degree/Year obtained: _____
22. Graduate School: 1 2 3 4 Degree/Year obtained: _____
23. Do you have any special skills or training that would be helpful to you if you were selected for position applied? _____

24. Do you read, write or speak any foreign language? Yes _____ No _____
 If so, please list: _____
25. If you wear corrective lenses (glasses or contacts) and if you lost them in a scuffle with an inmate or suspect, could you still function? Yes _____ No _____

LAW ENFORCEMENT EMPLOYMENT HISTORY

List ALL previous **law enforcement** employment
 starting with the most recent first:

26. Name/Address of Agency: _____

- Dates of Employment: _____
- Reasons for Leaving: _____
- Type of POST Discharge:** Voluntary Resignation: _____
- Resign in Lieu of Termination: _____ Termination: _____
- Name and telephone number of immediate supervisor: _____

- Job Title: _____

May we contact this agency? Yes _____ No _____

27. Name/Address of Agency: _____

Dates of Employment: _____

Reasons for Leaving: _____

Type of POST Discharge: Voluntary Resignation: _____

Resign in Lieu of Termination: _____ Termination: _____

Name and telephone number of immediate supervisor: _____

Job Title: _____

May we contact this agency? Yes _____ No _____

28. Name/Address of Agency: _____

Dates of Employment: _____

Reasons for Leaving: _____

Type of POST Discharge: Voluntary Resignation: _____

Resign in Lieu of Termination: _____ Termination: _____

Name and telephone number of immediate supervisor: _____

Job Title: _____

May we contact this agency? Yes _____ No _____

29. Name/Address of Agency: _____

Dates of Employment: _____
Reasons for Leaving: _____
Type of POST Discharge: Voluntary Resignation: _____
Resign in Lieu of Termination: _____ Termination: _____
Name and telephone number of immediate supervisor: _____

Job Title: _____

May we contact this agency? Yes _____ No _____

30. Name/Address of Agency: _____

Dates of Employment: _____
Reasons for Leaving: _____
Type of POST Discharge: Voluntary Resignation: _____
Resign in Lieu of Termination: _____ Termination: _____
Name and telephone number of immediate supervisor: _____

Job Title: _____

May we contact this agency? Yes _____ No _____

Attach additional sheet if more space is required.

COMPLETE THIS SECTION **ONLY** IF YOU HAVE A CERTIFICATION NUMBER ISSUED BY POST OR ANY OTHER CERTIFYING DIVISION IN ANOTHER STATE.

31. Are you currently a Peace Officer? Yes _____ No _____
32. State of Certification: _____ Certification # _____
33. Certification Type (Check all that apply) :
- Basic Police: _____ Jail Officer: _____
- Corrections: _____ Communications: _____
34. Have you ever been the subject of an internal investigation?
- Yes _____ No _____
- If "YES", attach an explanation to this application giving full details.
35. Has disciplinary action never been taken by your certifying agency (POST)?
- Yes _____ No _____
- If "YES", attach an explanation to this application giving full details.

NON-LAW ENFORCEMENT EMPLOYMENT HISTORY

List previous employment for the past ten years
or back to your 18th birthday, whichever is longer.

36. Name of Employer: _____
- City / State: _____
- Phone Number _____
- Dates of Employment: _____ to _____
- Reasons for Leaving: _____
- Voluntary Resignation: _____ Termination: _____
- Name of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? Yes _____ No _____

37. Name of Employer: _____

City / State: _____

Phone Number _____

Dates of Employment: _____ to _____

Reasons for Leaving: _____

Voluntary Resignation: _____ Termination: _____

Name of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? Yes _____ No _____

38. Name of Employer: _____

City / State: _____

Phone Number _____

Dates of Employment: _____ to _____

Reasons for Leaving: _____

Voluntary Resignation: _____ Termination: _____

Name of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? Yes _____ No _____

39. Name of Employer: _____
City / State: _____
Phone Number _____
Dates of Employment: _____ to _____
Reasons for Leaving: _____
Voluntary Resignation: _____ Termination: _____
Name of immediate supervisor: _____
Job Title and Duties: _____

- May we contact this agency? Yes _____ No _____

Attach additional sheet if more space is required.

CRIMINAL RECORD

40. Have you ever been arrested, charged, indicted, or convicted of felony offense?
Yes _____ No _____
41. Have you ever been arrested, charged, indicted or convicted of a firearms or explosive charge?
Yes _____ No _____
42. Have you ever been arrested, charged, indicted or convicted of any offenses Related to alcohol or drugs (including DUI)?
Yes _____ No _____
43. Are there currently any charges pending against you for any criminal offense?
Yes _____ No _____

44. Have you ever been arrested, booked, charged, indicted, or convicted of any type of offense (including traffic citations, warrants, or misdemeanors)?

Yes _____ No _____

45. Have you ever been arrested, charged, booked, indicted or convicted of a domestic violence offense?

Yes _____ No _____ Convicted: _____

46. Have you ever been named as a defendant in a Protective Order from any court?

Yes _____ No _____

EXPLAIN BELOW ANY QUESTIONS THAT YOU ANSWERED YES TO ABOVE.

Date of Offense	Offense	Law Enforcement Authority/Court
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DRIVING RECORD

47. Do you possess a valid Georgia Drivers License? Yes _____ No _____

License number and expiration date: _____

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

If yes, for what reason? _____

49. Have you ever been refused a license by any State? _____

If yes, what State? _____

50. How many Accidents have you been involved in over the past 7 years? _____

PERSONAL REFERENCES

51. Personal references (other than family members and former supervisors)

Name: _____

Occupation: _____

Address: _____

Telephone: _____ Years Known: _____

Personal references (other than family members and former supervisors)

Name: _____

Occupation: _____

Address: _____

Telephone: _____ Years Known: _____

CREDIT REFERENCES

52. Name: _____

Address: _____

Telephone: _____

Type of Account: _____

Name: _____

Address: _____

Telephone: _____

Type of Account: _____

53. Have you ever filed Bankruptcy? Yes _____ No _____

If yes, when and what chapter? _____

BACKGROUND INFORMATION
(Marital/Family Information)

54. Marital Status

Single _____ Married _____ Separated _____

Divorced _____ Widowed _____

55. Spouse's Name: _____

56. Spouse's Maiden Name (if applicable): _____

57. Spouse Date of Birth: _____ Place of Birth: _____

58. Spouse's Employer: _____

59. Spouse's Employer Address: _____

60. Spouse's Employer phone number: _____

61. Spouse's length of employment: _____

62. Date of Marriage: _____

63. Is your spouse in favor of you becoming a law enforcement officer?

Yes _____ No _____

64. Closest living relative: _____

65. Are you related to any **Effingham County** employee? Yes _____ No _____

If "YES", please name the employee: _____

What Department do they work in? _____

66. Do you know any employees of the Sheriff's Office? Yes _____ No _____

If "YES", please give their names: _____

OTHER INFORMATION

67. This position may require you to wear a uniform, work a rotating shift and work overtime to include off site training:

Do you object to doing so? _____

68. Have you ever had experience working shift work? Yes _____ No _____

If so, where and when? _____

69. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answer will be checked with the FBI and other agencies.

Agency	Date	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

70. Do you drink alcoholic beverages? Yes _____ No _____

If "YES", when was the last time? _____

71. Have you ever used marijuana? Yes _____ No _____

If "YES", when was the last time? _____

72. Have you ever used any other illegal drugs, opiates, pills, etc.?

Yes _____ No _____

If "YES", when was the last time? _____

73. Do you now or have you ever associated with anyone that used drugs?

Yes _____ No _____

EFFINGHAM COUNTY SHERIFF'S OFFICE

FAIR CREDIT REPORTING ACT AUTHORIZATION TO OBTAIN INFORMATION

In undertaking this agreement, I understand that I have certain rights under the Fair Credit Reporting Act which include but are not limited to the following:

- o You must be told if information in your file has been used against you.
- o You can find out what is in your file.
- o You can dispute inaccurate information with the CRA.
- o Inaccurate information must be corrected or deleted.
- o You can dispute inaccurate items with the source of information.
- o Out dated information may not be reported.
- o Your consent is required for reports that are provided to employers, or reports that contain medical information.
- o You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.
- o You may seek damages from violators.

Being knowledgeable of my rights under the Fair Credit Reporting Act, I hereby authorize the Effingham County Sheriff's Office to order and obtain a Consumer Report to be used for employment consideration purposes.

Printed Full Name

Date

Signature

Department witness

**CRIMINAL JUSTICE EMPLOYMENT RELEASE
WAIVER FOR NEW APPLICANTS**

**CONSENT TO BACKGROUND INVESTIGATION; DRUG TESTING AND
PHYSICAL AND PSYCHOLOGICAL TESTING**

TO: SHERIFF Jimmy McDuffie
EFFINGHAM COUNTY SHERIFF'S OFFICE
P.O. BOX 1015
SPRINGFIELD, GA 31329

RE: NAME: _____ SSN: _____
PRINTED NAME: _____ DOB: _____
DRIVERS LICENSE #/STATE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
SEX _____ RACE _____ HGT _____ WGT _____

Accept this instrument as my personal request and authorization to conduct a comprehensive personal background investigation, including pending charges of any description, a complete traffic history, criminal history (including first offender status, if applicable), credit history report, medical records, full and complete disclosure of the records of educational institutions, financial statements and records, wherever filed; Veterans administration; employment and re-employment records, including background reports, polygraph examinations or reports, efficiency rating, complaints or grievances filed by or against me. Furthermore, I voluntarily, FULLY CONSENT TO UNDERGO PHYSICAL, PSYCHOLOGICAL, PSYCHOMETRIC, AND URINALYSIS DRUG SCREEN TESTING. I am fully aware, and consent that the information gathered in this screening process, be made known to the officers and employees of Effingham County Sheriff's Office, as well as the officers and employees of the Effingham County Personnel Department and the Georgia Peace Officer Standards and Training Council. I am aware that such information is required for application for POST certification as a law enforcement officer, and for employment with the Effingham County Sheriff's Office. 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. Therefore, I AGREE THAT THE INFORMATION ACQUIRED IN THIS INVESTIGATION BE USED FOR EMPLOYMENT, TERMINATION, OR DISCIPLINARY DETERMINATIONS, and that such information becomes a matter of public information and is accessible to the public under existing state laws.

In consideration of making application for employment, and in complete understanding of the foregoing facts and possible results, I agree to hold to all elements of this release waiver, and further agree TO HOLD HARMLESS, SHERIFF JIMMY McDUFFIE AND FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION, and INCLUDING ANY ACT OF OMISSION OR COMMISSION.

This declaration is made freely and voluntarily without fear of punishment or promise or reward, and with full and complete understanding of the terms and consequences of my action.

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.

This _____ day of _____, 20_____.
_____(L.S.)

(Legal signature)

Sworn to in the presence of _____
Notary Public

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Georgia Driver's History Consent Form

I hereby authorize the Effingham County Sheriffs 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)

Sex

Date of Birth

Driver's License Number

Signature

Date