

# 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 Sheriffs 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.





**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: \_\_\_\_\_  
2<sup>nd</sup> 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. \_\_\_\_\_

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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 of 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.

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Full Name (Print)

---

Sex

---

Date of Birth

---

Driver's License Number

---

Signature

---

Date