

Lincoln County Sheriff's Office

Bruce C. Beggs, Sheriff

P.O. BOX 970

LINCOLNTON, GEORGIA 30817

TELEPHONE: 706-359-7320

FAX: 706-359-4985

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, sex, religion, national origin, marital or veteran status, the presence of a disability or any other legally protected status. All information provided here in shall be maintained and held in confidence except as may otherwise be stated here in for investigation of information provided.

PERSONAL DATA

Position(s) Applied For _____ Date _____

Last Name _____ First Name _____ MI _____ Maiden _____

Address _____
Street/Mailing Address _____ City _____ State _____ Zip _____

Home Telephone Number _____ Are you eighteen (18) years of age or older? Yes _____ No _____

Are you eligible to wok in the United States either because you are a U.S. citizen or have government permission to do so?
Yes _____ No _____ If yes, When and Where _____

Give Name, Relationship, and Department of ANY relatives currently employed by Lincoln County:

Do you wear glasses? Yes _____ No _____ Do you wear a hearing aid? Yes _____ No _____

Do you require special accommodations? Yes _____ No _____ If Yes, what _____

CRIMINAL AND DRIVER'S HISTORY DATA

Do you currently have a valid Georgia Driver's License? Yes _____ No _____

If NO, why? _____ If YES, License Number _____ Class _____

Have you ever possessed a driver's license issued from any other state other than Georgia? Yes _____ No _____

If Yes, Where _____ When _____

Have you had any traffic violations in the past five years? Yes _____ No _____

Please indicate all Offenses and Dates: _____

Has your driver's license ever been suspended or revoked? Yes _____ No _____ If Yes, Suspended _____ Revoked _____

When _____ Reason _____

Has your license been restored? Yes _____ No _____ When _____

Have you ever been CONVICTED of a criminal offense or are you now CURRENTLY under Indictment, out on bond, or charged with any Criminal Offense? Yes _____ No _____ If Yes, give details _____

Note: A conviction may not necessarily bar you from employment. Each conviction or charge will be judged on its own merits with respect to time, circumstances, or seriousness.

EDUCATION

	Name and Address of School	Area of Study	Diploma/Degree
Elementary School			
High School			
College or Technical			
Other (Explain)			

Please use this space for additional information related to special honors, your education, training and experience.

MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces? Yes _____ No _____ If Yes, which Branch _____

Dates: From _____ to _____

Applicable skills acquired and specialty area. _____

WORK HISTORY

Describe your work history beginning with your most recent job. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with correct telephone numbers, zip codes, and supervisor name are required for each employer.

Have you ever been disciplined, fired, resigned in lieu of termination or asked to resign from any job? Yes _____ No _____

If Yes, Why _____

You may attach a resume only as additional information. It will not be acceptable in lieu of completing the section.

Employer _____ From _____ To _____

Address _____

Telephone _____ Position Held _____ Annual/Hourly Salary _____

Job Duties _____

Reasons for Leaving _____

Supervisor Name _____

Employer _____ From _____ To _____

Address _____

Telephone _____ Position Held _____ Annual/Hourly Salary _____

Job Duties _____

Reasons for Leaving _____

Supervisor Name _____

Employer _____ From _____ To _____

Address _____

Telephone _____ Position Held _____ Annual/Hourly Salary _____

Job Duties _____

Reasons for Leaving _____

Supervisor Name _____

LAW ENFORCEMENT HISTORY

NOTE: Complete this section only if you are currently or have been a Certified Law Enforcement Officer. This does not include Private Security Employment.

Are you currently a Certified Peace Officer? Yes _____ No _____

If Yes, State of Certification _____ Date _____ Number _____

Academy you attended _____ Date _____

Years of Experience _____ Have you ever been the subject of an internal investigation? Yes _____ No _____

If Yes, attach an explanation to this application giving full and complete details.

Law Enforcement Experience: Patrol _____ Investigation _____ Traffic _____ Supervisor _____ Management _____

Agency Name _____ Telephone _____

Address _____

Employments Dates: From _____ to _____ Supervisor Name _____

Position Held _____ Annual/Hourly Salary _____

Reason for Leaving _____

Describe your Duties _____

Agency Name _____ Telephone _____

Address _____

Employments Dates: From _____ to _____ Supervisor Name _____

Position Held _____ Annual/Hourly Salary _____

Reason for Leaving _____

Describe your Duties _____

This position may require you to:

Wear a uniform, do you object to this? Yes _____ No _____

Work a rotating shift, do you object to this? Yes _____ No _____

Work overtime, do you object to this? Yes _____ No _____

Have you ever experienced working shift work? Yes _____ No _____ If Yes, Where and When _____

Have you ever used Marijuana? Yes _____ No _____ Have you ever used other illegal drugs Yes _____ No _____

Have you ever been charged or convicted of an Act of Family Violence? Yes _____ No _____

If Yes, where and when _____

Are you currently under a doctor's care? Yes _____ No _____ If Yes, provide doctor's name and condition:

PREVIOUS ADDRESSES

Note: List the information regarding all addresses at which you have resided within the past ten (10) years, excluding your present address. Begin with the most recent.

Address _____ From/To _____ Landlord _____

Address _____ From/To _____ Landlord _____

Address _____ From/To _____ Landlord _____

Address _____ From/To _____ Landlord _____

Address _____ From/To _____ Landlord _____

REFERENCES

(Personal references must not be relatives or employees of Lincoln County)

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

CERTIFICATION AND CONSENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand that if employed by the Lincoln County Sheriff's Office, I will have to take and pass a pre-employment drug test and will have to take and pass random drug test during employment and that refusal or failure to pass the drug test will constitute discharge from process or employment. I understand that at the discretion of the Sheriff, that I will have to take a polygraph test for consideration of employment with the Lincoln County Sheriff's Office. I understand that I am required to abide by all rules and regulations, policies, and procedures of Lincoln County Sheriff's Office.

Date

Signature of Applicant

THIS SECTION IS OPTIONAL FOR APPLICANT TO FILL OUT. SOLELY, TO HELP COMPLY WITH GOVERNMENT RECORD KEEPING REPORTING AND OTHER LEGAL REQUIREMENTS, PLEASE ANSWER THE FOLLOWING QUESTIONS BELOW.

Date: _____ Position Applied For: _____

Check One: Male _____ Female _____ Veteran: Yes _____ No _____

Korean _____ Vietnam _____ Desert Storm _____ Other _____

Asian _____ Black _____ Hispanic _____ Indian _____ Islander _____ White _____

Disabled or Handicapped Individual: Yes _____ No _____

Age Group: Under 18 _____ 18-30 _____ 31-50 _____ 51-65 _____ Over 65 _____

U.S. Citizen: Yes _____ No _____ Georgia Resident: Yes _____ No _____

Lincoln County Resident: Yes _____ No _____

**LINCOLN COUNTY SHERIFF'S OFFICE
APPLICATION FOR EMPLOYMENT
AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize the Lincoln County Sheriff's Office bearing this release or a copy thereof, within twelve (12) months of its date, to obtain any information in my files or records, maintained by agencies authorized to do so, pertaining to my driving, criminal or employment records. This release is executed with full knowledge and understanding that the information is for the official use of the Lincoln County Sheriff and the Lincoln County Board of Commissioners.

Consent is granted for the Lincoln County Sheriff's Office to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities. Should there be any questions as to the validity of this release, I may be contacted as indicated below.

I hereby authorize my previous employers to provide Lincoln County Sheriff's Office and its agents any and all information that they may request. I hereby release my former employers from any liability for providing such information.

Full Name: _____ Race _____ Sex _____

Driver's License Number _____ Issue State _____

Social Security Number _____ Date of Birth _____

Signature _____ Date _____

Notary Public:

My Commission Expires _____

SEAL