

APPLICATION FOR EMPLOYMENT

Applicant Name: _____

APPLICATIONS FOR EMPLOYMENT MUST BE FILLED OUT COMPLETELY WITH COPIES OF ALL REQUIRED DOCUMENTS ATTACHED PRIOR TO SUBMISSION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

APPLICATION CHECKLIST

- Completed Application for Employment with all questions answered.
- Copy of Georgia Driver's License
- Copy of Social Security Card
- Certified Copy of Birth Certificate
- Certified Copy of High School Diploma or G.E.D.
- Copy of D.D. 214 (Military Service)

*****DO NOT SUBMIT ORIGINALS*****

The Habersham County Sheriff's Office is a Drug-Free Workplace and an Equal Employment Opportunity Employer that provides fair and equal employment opportunities to all applicants for employment and employees without regard to race, color, religion, natural origin, citizenship status, age, sex, disability, veteran's status or political affiliation.

Applications for Employment are active for 30 days unless otherwise notified



Habersham County Sheriff's Office

Joey Terrell, Sheriff

DATE OF APPLICATION: _____

I. GENERAL INFORMATION

Last Name	First	Middle	Street Address	City	State	Zip	
Telephone Number			Social Security Number		Years at Above Address		
Name of Job Applying for:							
Are you available to work any time of the day? _____ Yes _____ No			Are you available to work any day of the week? _____ Yes _____ No				
Former Habersham County employee? _____ Yes _____ No			Department/Division		Job Title	From: To:	
Name and relationship of any relatives currently working for he Habersham County Government:							
Are you authorized to be employed in the United States? _____ YES _____ NO							
*** NOTE: If offered employment, you will be required to provide documentation to verify employment eligibility. Failure to provide the required documentation may result in a determination that he applicant is ineligible for employment in the United States.							
List Licenses/Certifications related to the position applied for:							
Have you ever been convicted of violating any law? _____ YES _____ NO							
(NOTE: A "Yes" will not necessarily disqualify you from employment.) If "YES", please explain:							
APPLICANT MUST POSSESS A VALID DRIVER'S LICENSE Driver's License #: _____ Driver's License Class/Endorsements: _____ Good Driving Record?: _____ YES _____ NO							

II. EDUCATION

High School Name and Location	Degree/ Certification Obtained	Circle Highest Grade Completed 9 10 11 12	Graduated _____ YES _____ NO
Trade or Apprentice School Name and Location		From:	To:
College or Business School Name and Location		From:	To:
Other School Name and Location:		From:	To:

Application for Employment re: _____

(Applicant's Printed Name)



Habersham County Sheriff's Office

Joey Terrell, Sheriff

Do you possess any special training, abilities, etc. that you feel would be applicable to the position you are applying for? If "YES", provide details: _____

III. MILITARY SERVICE

Branch: _____

Date Entered: _____

Date Discharged: _____

Type of Discharge: _____

Highest Rank Attained and Unit: _____

Indicate specific skills acquired in the U.S. Armed Forces:

IV. EMPLOYMENT HISTORY

Describe your work history **BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB**, including military and volunteer experience. Complete addresses with zip codes and contact telephone numbers are required. Employment History must provide current and past employment information for a minimum of FIVE (5) years.

NOTE: A resume may be attached ONLY as additional information and WILL NOT be accepted in lieu of completing this section.

Employer	From: (Month/Year)	To: (Month/Year)	Wage: (Start/Finish)	Job Title:	Supervisor Name	Reason for Leaving
Name: Address: Phone #:						
Name: Address: Phone #:						
Name: Address: Phone #:						

Application for Employment re: _____

(Applicant's Printed Name)



Habersham County Sheriff's Office

Joey Terrell, Sheriff

Employer	From: (Month/Year)	To: (Month/Year)	Wage: (Start/Finish)	Job Title:	Supervisor Name	Reason for Leaving
Name: Address: Phone #:						
Name: Address: Phone #:						
Name: Address: Phone #:						

V. EMPLOYMENT REFERENCES

Name: Address: Occupation: Telephone #:	Name: Address: Occupation: Telephone #:
Name: Address: Occupation: Telephone #:	Name: Address: Occupation: Telephone #:

Application for Employment re: _____

(Applicant's Printed Name)



Habersham County Sheriff's Office

Joey Terrell, Sheriff

VI. PERSONAL REFERENCES

Name: Address: Occupation: Telephone #:	Name: Address: Occupation: Telephone #:
Name: Address: Occupation: Telephone #:	Name: Address: Occupation: Telephone #:
Name: Address: Occupation: Telephone #:	Name: Address: Occupation: Telephone #:

Applicant Signature: _____

Date: _____

Application for Employment re: _____

(Applicant's Printed Name)



Habersham County Sheriff's Office

Joey Terrell, Sheriff

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

Driver's License Consent Form

I hereby authorize _____ Habersham County Sheriff's 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.
Agency/Company

Full Name (print)		
Address		
Sex	Date of Birth	Driver's License Number

Signature

Date

Office Use Only:

Date of Inquiry: _____

Time of Inquiry: _____

Agency Designee Signature

Date

Application for Employment re: _____

(Applicant's Printed Name)



Habersham County Sheriff's Office

Joey Terrell, Sheriff

Georgia Bureau of Investigation
Georgia Crime Information Center

Criminal History Consent Form

I hereby authorize Habersham County Sheriff's Office 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.

Form with fields: Full Name (print), Address, Sex, Race, Date of Birth, Social Security Number

One of the following must be checked:

- Authorization valid for 90/180 days
I, _____ give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

Office Use Only:

CRIMINAL JUSTICE EMPLOYMENT
J - Employment with Criminal Justice Agency - Civilian
Z - Employment with Criminal Justice Agency - P.O.S.T. Certified

Date of Inquiry: _____ Time of Inquiry: _____

The inquiry resulted in the following: (check all that apply)
No Criminal Record Available
Criminal Record (Attached/Released)
No NCIC/GCIC Warrant
Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature

Date

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(Applicant's Printed Name)



Habersham County Sheriff's Office

Joey Terrell, Sheriff

Authorization to Release Call History Information and Records

TO: _____ County E911 Dispatch/Communications Center

FROM: _____ (PRINT NAME)

DATE: _____

I have applied for employment with the Habersham County Sheriff's Office. As part of my application process, I am hereby authorizing a review and full disclosure of all records concerning myself or any of my current or previous addresses listed below to any duly authorized agent of the Habersham County Sheriff's Office, whether 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 the records of any type of law enforcement calls for service and/or call logs/Computer Aided Dispatch (CAD) records regarding any of the addresses listed below. I hereby authorize the above-referenced E911 Dispatch/Communications Center to supply such information to the Habersham County Sheriff's Office.

I understand that any information obtained by a personal and/or employment history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization, will be considered in determining my suitability for employment by the Habersham County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable or liable 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.

ADDRESS 1:

ADDRESS 2:

Lived at this address from _____ to _____

Lived at this address from _____ to _____

FOR PUBLIC SAFETY AGENCY USE ONLY

I certify that the information from these documents/records will be used in the conduct of official business of the Habersham County Sheriff's Office and for the sole and express purpose outlined above. I fully understand that any other use or disclosure is strictly prohibited.

(SIGNATURE OF HABERSHAM COUNTY SHERIFF'S OFFICE REPRESENTATIVE)

(PRINTED NAME OF HABERSHAM COUNTY SHERIFF'S OFFICE REPRESENTATIVE)

(SEAL)
Signature

Date

(SEAL)
Signature of Notary Public

Print Name

This Authorization Sworn and Subscribed
before me this ___ day of _____, 20__

Application for Employment re: _____
(Applicant's Printed Name)



Habersham County Sheriff's Office

Joey Terrell, Sheriff

SOCIAL MEDIA AFFIDAVIT

State of Georgia, County of Habersham

My current legal name is _____. I am presently _____ years old and my current address of residence is:

Street

_____/_____/_____
City State Zip

Please check one of the boxes below and provide any requested information.

I do participate in social media and I have an account on the following social media sites:

I do not have any social media accounts

I hereby state that the information above is true, to the best of my knowledge. I also confirm that the information here is both accurate and complete, and relevant information has not been omitted. I hereby give Habersham County Sheriff's Office permission to research each of the social media accounts listed above as part of my pre-employment background investigation.

Signature

Date

Application for Employment re: _____
(Applicant's Printed Name)



Habersham County Sheriff's Office

Joey Terrell, Sheriff

Authorization to Release Information and Records

I, _____, have applied for employment with the Habersham County Sheriff's Office. As part of my application process, I am hereby authorizing a review of, and full disclosure of all records, concerning myself, to any duly authorized agent of the Habersham County Sheriff's Office, whether 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 the records of educational institutions; medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment, and pre-employment, records, including background reports, polygraph reports, and charts; 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 or body in any case, either criminal or civil, in which I presently have or have had an interest, and any records of any courts. I hereby authorize such employers and references to supply such information verbally or in writing to the Habersham County Sheriff's Office.

I understand that as a part of the pre-employment background investigation, I will be required to provide the designated background investigator with access to the social networking platforms in which I participate or maintain.

I further understand the Habersham County Sheriff's Office has a Substance Abuse Prevention Program which includes drug testing. I agree to comply with applicable County policies. I understand that once offered a position, I will be required to complete a medical evaluation and drug screening. I understand that once offered a position I may be required to pass a physical examination as a condition of continued employment. I certify that the answers given by me to all of the questions on this application are true and correct to the best of my knowledge. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if employed. I agree that if hired, the Habersham County Sheriff's Office or I may terminate my employment at any time with or without cause. I understand that no County Policy, Practice, Procedure, or Statement by any County Representative shall limit or alter that At-Will Employment Relationship.

I understand that any information obtained by a personal and/or employment history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization, will be considered in determining my suitability for employment by the Habersham County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable or liable 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.

_____(SEAL)
Signature

Date

_____(SEAL)
Signature of Notary Public

Print Name

This Authorization Sworn and Subscribed
before me this ___ day of _____, 20__

Application for Employment re: _____
(Applicant's Printed Name)

