



MORGAN COUNTY SHERIFF'S OFFICE

ROBERT MARKLEY
SHERIFF

APPLICATION FOR EMPLOYMENT

Thank you for your interest in working for the Morgan County Sheriff's Office!

Please read the following information before completing the application.

- Applicants for the Uniform Patrol Division must be Georgia P.O.S.T. certified. Applicants not Georgia P.O.S.T. certified must begin employment in the Adult Detention Center. Adult Detention Center Deputies who desire to attend the Georgia Police Academy are eligible for consideration after one year of employment.
- Detention and Patrol Deputies work 12-hour shifts: 0530 to 1730 and 1730 to 0530. Uniform deputies have every other Friday, Saturday, and Sunday off.
- All applicants must complete the Morgan County Board of Commissioners Application and the Morgan County Sheriff's Office Application. Both should be **completed** in its entirety and **notarized**. Resumes may be attached to **completed** applications. Be sure to attach all required documents. Application will remain on file for one year.
- The hiring process includes a **thorough review of the application for completeness, a physical agility test, a panel interview, a writing exercise, a psychological examination, an extensive background investigation to include a credit check, an integrity examination, and a physical examination to include drug testing.**
- Starting salary for detention deputies as of 7/1/2021 is \$33,178.75 annually and may increase dependent upon experience, education, and training.
- Starting salary for patrol deputies as of 7/1/2021 is \$38,477.18 annually and may increase dependent upon experience, education, and training.
- Employee benefits include: health insurance, life insurance, retirement plan, voluntary 457K plan, uniform allowance, nine paid holidays, annual leave, sick leave and a take home vehicle if residence is within Morgan County or within 15 miles of the Morgan County line—based upon assignment.

Minimum Requirements:

- Possess a valid Georgia driver's license.
- Be at least 18 years of age for Adult Detention Center and Administrative Staff positions.
- Be at least 21 years of age for sworn deputy positions.
- Be a U.S. citizen.
- Possess a high school diploma or GED equivalent.
- Have no felony or family violence convictions.
- No convictions for any misdemeanor or traffic offenses that would establish a pattern of disregard for the law.
- Pass all phases of the hiring/selection process.
- All MCSO employees are required to submit to random drug testing throughout their employment.



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Pg ____
Of ____
Initial ____

Last Name _____		<i>(Check One)</i> <input type="checkbox"/> Administrative Staff <input type="checkbox"/> Detention Officer <input type="checkbox"/> Patrol Division <input type="checkbox"/> MCSO Reserves	
First Name _____			
Middle Name _____			
Check if applies: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV If other give here: _____			
Maiden Name _____		Date of Application _____	
RACE <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other		SEX/GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
Education <i>(check highest level that documentation is provided for in this application)</i> <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			
Social Sec# _____		Date of Birth <i>(mm/dd/yyyy)</i> _____	
HEIGHT _____	WEIGHT _____	HAIR COLOR _____	EYE COLOR _____
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current physical address _____			
Number and Street _____		() _____ Home phone	
CITY _____		() _____ cell phone	
STATE _____		ZIP _____	
EMAIL ADDRESS _____			
Marital Status (Check most appropriate) MARRIED _____ SINGLE _____ WIDOWED _____ DIVORCED _____ SEPARATED _____			
Spouses Information			
_____ LAST NAME, FIRST NAME MIDDLE NAME MAIDEN NAME			
_____ DATE OF BIRTH CELL PHONE EMPLOYER			

AGENCY USE ONLY

DATE BACKGROUND INVESTIGATION BEGAN	DATE BACKGROUND INVESTIGATION COMPLETED	DATE APPLICANT INTERVIEWED	BACKGROUND INVESTIGATION BY

APPLICANT AGREEMENT & PHOTOGRAPH



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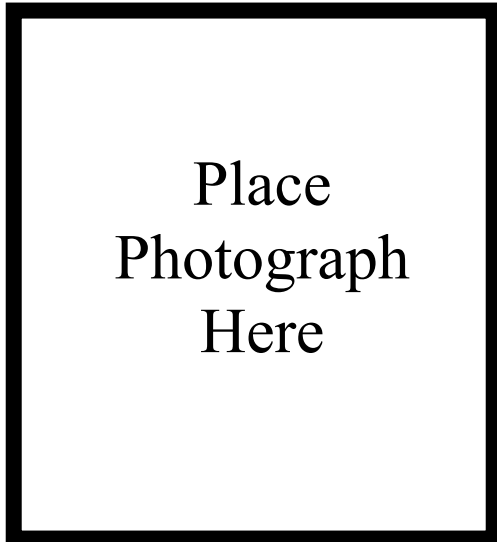
I, _____

(FULL NAME OF CANDIDATE – First Middle Last),

If hired by the Morgan County Sheriff's Office, agree to obey all polices, procedures, rules and regulations, and understand that I am subject to dismissal from the Sheriff's Office for any infractions. I further certify that I am in good health, physically fit, and of good moral character.

I understand that, if not already certified by the Georgia POST council for the position applying for, I must satisfactorily complete stated mandated basic training course. I must satisfactorily complete field training program. I further agree that I may be required to sign an employment contract for attending any training course consisting of 80 or more hours.

This application will be valid for 12 months only.



Signature

Date

PERSONAL HISTORY RELEASE



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I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Morgan County Sheriff's Office.

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 Morgan 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.

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.

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

Applicant Signature (including maiden name)

Date

Notary Public Signature

Date



BIRTH & CITIZENSHIP VERIFICATION

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1. Does your name match the name on your birth certificate? YES NO
 If **No**, please list all of the names that you have had since birth and explain discrepancy (adoption, marriage, name change, etc).
 (Documentation for a name change for anything other than marriage **MUST** be attached.)
 Check here if name change documentation is attached

Names: (List chronologically with most recent first):

Name: _____ Used from (YR) _____ to (YR) _____.

Name: _____ Used from (YR) _____ to (YR) _____.

Explanation(s) for name changes: _____.

2. Were you born in the United States? YES NO
3. Country of birth if other than U.S.: _____.
4. Were you a U.S. military dependent at the time of birth? YES NO
5. Are you a naturalized citizen? YES NO

NOTE: If naturalized, a certified copy of the naturalization papers OR a copy of their U.S. passport must be submitted.

ATTACHMENTS

Attached to this page is a copy of the applicant's certified birth certificate: YES NO
 If **NO**, attached is a copy of your valid Georgia Driver's License **and:**
 (must have **at least one** of the following documents – **check** the ones that are attached)

- Baptismal Record (w/full name & date of birth)
- Draft Card (w/full name & date of birth)
- Court Records (w/full name & date of birth)
- Passport (w/full name & date of birth)
- Citizenship Papers (w/full name & date of birth)
- Armed Forces Discharge Paper (DD214) (w/full name & date of birth)
- Certified Copy of School Records (w/full name & date of birth)

EDUCATION



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HIGH SCHOOL

1. Graduated high school from: *(check one)*

(School must have a state, regional, or national accreditation that POST accepts – see www.chea.org for acceptable accrediting agencies.)

- Public School Private School Home School
- Correspondence School Internet School Obtained GED
- A School Outside of the United States *(Must include written statement describing type of school, curriculum, and how it is equivalent to a U.S. High School diploma.)*

_____.
High School Name

Location of High School (City/State):

Year Graduated (yyyy) _____
Phone number

COLLEGE

2. List college that you received your highest college degree from:

Name of College

Major _____
Date Received

The degree was a/an: Associate's Bachelor's Master's Doctorate

3. List colleges/universities attended or obtained a degree from *(list colleges/universities)*:

College/Univ: _____.

Attended from (mo/yr to mo/yr): _____ to _____.

Did not obtain degree
Obtained: Associate's Bachelor's Master's Doctorate

College/Univ: _____.

Attended from (mo/yr to mo/yr): _____ to _____.

Did not obtain degree
Obtained: Associate's Bachelor's Master's Doctorate

College/Univ: _____.

Attended from (mo/yr to mo/yr): _____ to _____.

Did not obtain degree
Obtained: Associate's Bachelor's Master's Doctorate

ATTACHMENTS

- Copy of high school diploma/GED attached
- Copy of college degree attached.

EMPLOYMENT HISTORY



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List all employers for the last 10 years. Start with the most recent. Copy this page if more space is needed.

Employer	Start Date	End Date	Duties/Responsibilities
Address # and Street	City, State, Zip		
Phone	Start Salary	End Salary	
May we Contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for leaving		Supervisor

Employer	Start Date	End Date	Duties/Responsibilities
Address # and Street	City, State, Zip		
Phone	Start Salary	End Salary	
May we Contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for leaving		Supervisor

Employer	Start Date	End Date	Duties/Responsibilities
Address # and Street	City, State, Zip		
Phone	Start Salary	End Salary	
May we Contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for leaving		Supervisor



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Employer	Start Date	End Date	Duties/Responsibilities
Address # and Street	City, State, Zip		
Phone	Start Salary	End Salary	
May we Contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for leaving		Supervisor

Employer	Start Date	End Date	Duties/Responsibilities
Address # and Street	City, State, Zip		
Phone	Start Salary	End Salary	
May we Contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for leaving		Supervisor

1. List other law enforcement agencies which you have applied for employment, and state reason you were denied employment.

2. What is your current occupation? _____

3. What is your career goal? _____

4. Have you previously submitted an application for employment with the Morgan County Sheriff's Office?

Yes No

If yes, please give approximate date: _____

5. Have you ever been employed with Morgan County Government before? Yes No

If yes, give details of your employment: _____



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- 6. Have you ever been injured while at work? YES NO
- 7. Have you ever filed a worker's compensation claim? YES NO
- 8. Do you object to wearing a law enforcement uniform? Yes No
- 9. Do you object to carrying a service weapon (gun)? Yes No
- 10. If it becomes necessary in your law enforcement duties to take a human life, would you be reluctant to do so because of religious or other personal beliefs? Yes No
- 11. Do you object to working nights, weekends, and/or holidays? Yes No
- 12. Have you ever engaged in any business as an owner, partner or corporate member? Yes No
- 13. Has a supervisor ever reprimanded you for misconduct, being late or absent, or for not doing your job?
 Yes No
- 14. Have you ever been fired or asked to resign from a job? YES NO
- 15. Have you ever resigned from a job without leaving at least a 2 week notice? YES NO
- 16. Explain any "yes" answer for questions 6-15. _____

MILITARY SERVICE



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PLEASE ATTACH YOUR MILITARY DISCHARGE OR DD214 HERE.
(DD214 must indicate type of discharge.)

1. Have you served in the military? Yes No

(If "No", go to the next page. If Yes, complete this page.)

2. You served in the (check as apply): Air Force Army Coast Guard Marines

Navy National Guard Reserves – Give Branch _____.

Other Department of Defense service – list _____.

3. Dates of enlistment:

FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____.

FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____.

FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____.

4. Was your CHARACTER OF SERVICE/DISCHARGE honorable? Yes No

(If Yes, go to the next page. If No, the character of service was listed as:

_____.

If less than honorable, a brief explanation regarding your character of service/discharge must also be attached to this page (providing details for the reason for this character).



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ALCOHOL AND DRUG USE

Any person applying for employment or a volunteer position with the Morgan County Sheriff's Office shall not be a user of illegal drugs or excessive use of alcohol. Any use will be evaluated to determine the applicant's level of involvement. Applicant's use of illegal drugs will reduce that applicant's chance for employment.

Applicant's answers to all questions on illegal drug use should be based on the last ten years (unless otherwise noted).

1. Do you drink alcoholic beverages? No Yes
2. How often do you use alcoholic beverages? _____
3. When was the last time you were intoxicated? _____
4. Have you consumed alcoholic beverages during working hours, including lunch breaks? No Yes
5. Have you been fired, disciplined, penalized or counseled by an employer, due to alcohol use? No Yes
6. Have you had a problem with your spouse or family, due to alcohol use? No Yes

7. Explain any yes answer to questions 4-6. _____

8. Have you ever abused prescription medication? No Yes
 If yes, give details including name of medication and dates. _____

9. Have you used, tried, sold or experimented with any drug listed or any other illegal drug? No Yes
 (If "No" go to next page. If "yes" complete this page.)



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DRUG NAMES	DATE OF FIRST USE	DATE OF LAST USE	NUMBER OF USES
Marijuana			
Hashish			
Angel Dust			
Cocaine			
Crack Cocaine*			
Crank*			
Methadone			
Heroin*			
LSD/Acid *			
PCP/Mushrooms*			
Mescaline/Cactus			
Opium			
Psilocybin			
Quaaludes			
Speed			
Anabolic Steroids			
Ecstasy/MDMA*			
Ice*			
Other_____.			
Other_____.			

*Answer should include lifetime use.

10. Have you used any of the drugs listed above during work hours including breaks? No Yes

11. Have you sold, transferred, distributed any illegal drugs to any person? No Yes

12. Have you ever attended a alcohol/drug treatment program. No Yes

If yes: Did you complete the program No Yes

Name of program_____.

Location of program_____ Phone number _____.

13. Have you been honest about your drug usage? No Yes

14. Attach a personal statement regarding illegal drug use.

GAMBLING



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1. Have you worked for a gambler or racketeer? No Yes

If yes, please explain the circumstances of your employment: _____

2. Check any of the following that you have gambled on in the last 10 years:

<input type="checkbox"/>	Sports	<input type="checkbox"/>	Horses	<input type="checkbox"/>	Numbers
<input type="checkbox"/>	Lottery	<input type="checkbox"/>	Dice	<input type="checkbox"/>	Cards
<input type="checkbox"/>	Pinball Machines	<input type="checkbox"/>	Slot Machines	<input type="checkbox"/>	Other
<input type="checkbox"/>	Pool	<input type="checkbox"/>	Dogs	<input type="checkbox"/>	

3. Explain the extent of your gambling for all of the above you checked: _____

4. What is the most that you have won or lost on a single bet? _____

5. Do you have any gambling debts? No Yes
If yes, explain: _____

6. Have you borrowed money to gamble? No Yes
If yes, explain: _____

7. Have you been honest about your gambling habits? No Yes



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MEDICAL

Persons applying for employment or a volunteer position with the Morgan County Sheriff's Office, shall submit to a physical examination by a licensed physician. Applicant must meet certain physical/medical requirements (set by Morgan County Personnel), as evaluated by a physician. The physician will give a professional opinion regarding the applicant's ability to perform the job applied for.

1. How would you rate your physical condition?

EXCELLENT	GOOD	FAIR	POOR
-----------	------	------	------

2. Do you now or ever had any medical problems or handicaps that would prevent you from performing all duties of a law enforcement officer? (NOTE: As a law enforcement officer you may be required to stand, walk and sit for extended periods of time, be able to climb, lift more than 50 pounds, run extended distances, effect a violent physical arrest). No Yes

If yes, please explain: _____

3. Have you ever had any physical or emotional limitations? No Yes

If yes, please explain: _____

4. Have you ever been a patient of or treated by (voluntary or involuntary) any mental health facility or mental health counselor or therapist? No Yes

If yes, please explain: _____

5. Have you ever been denied employment or forced to leave a job or military service due to any medical, emotional or health reason? No Yes

If yes, please explain: _____



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LAW ENFORCEMENT CERTIFICATION HISTORY

1. Have you taken the Georgia POST Entrance Exam. Yes No
If yes, attach test results (unless already certified officer)

2. Have you ever been certified or previously submitted an application to GA Post Council?
 Yes No
(If No go to next page. If yes, complete this page)

3. Have you ever been certified as an officer in another state? Yes No
(If **YES**, list state & certification #'s. Attach copies of certifications to this application)

STATE (Ex. GA): _____ CERTIFICATION# _____

STATE (Ex. GA): _____ CERTIFICATION# _____

4. List any specialized training you received (i.e. RADAR, LIDAR, Field Sobriety, Intox, Instructor, etc).
Include expiration date if applicable. Attach copies of certificates to this application.

5. Have you ever been denied an application for certification for a law enforcement professional position (i.e. police, jail, communications, probation, parole, etc) in GA or another state?
 Yes No N/A If **YES**, a written signed explanation must be provided..)

6. Has your certification ever been disciplined or sanctioned in another state?
 YES NO N/A (If **YES**, provide a written signed explanation.)

DRIVING HISTORY



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1. In the past 10 years have you possessed a
- Georgia Driver's License ONLY during past 10 years. License Number _____.
- Military Driver's License ONLY during past 10 years
- Military Driver's License (From (yr) _____ To (yr) _____)
- License(s) from States other than Georgia (*list years and states below*)
- From (yr) _____ To (yr) _____ State: _____ License Number _____.
- From (yr) _____ To (yr) _____ State: _____ License Number _____.
- From (yr) _____ To (yr) _____ State: _____ License Number _____.
- From (yr) _____ To (yr) _____ State: _____ License Number _____.

2. Have you ever been given a traffic citation?
 Yes (If Yes, complete this section.) No (If No, go to next page.)
3. Have you received more than three citations during the past five years? Yes No
4. Have you ever had your license suspended? Yes (If yes, check which reason and give year) No
 Year: _____ DUI/DWI Points Insurance related Other *If other, give brief reason below:*
 Reason: _____

5. List any traffic citations received during the past five years. Attach separate page if more space is needed.

DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION

6. In the past 10 years, have you been involved as a driver in a motor vehicle accident?
 Yes No



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If yes, please provide the following information. Attach separate page if more space is needed.

DATE OF ACCIDENT	AGENCY PREPARING REPORT	TYPE OF ACCIDENT (REAR END, HEAD ON ETC)	CITATION ISSUED TO YOU	DRIVER AT FAULT

7. Have you been involved in a motor vehicle accident while driving an employer's vehicle?

Yes No

CRIMINAL BEHAVIOR



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1. Have you ever committed any **undetected felony** crimes (crimes that you have not been arrested for)?

Yes No

If yes, explain in detail: _____

2. If you had to place a dollar amount on the property that you have taken throughout your lifetime, what would that amount be? This amount should include any theft from an employer, including but not limited to pens, paper, copies and other office supplies. \$ _____ Please describe the items taken:

CRIMINAL HISTORY

Please read the following information carefully before completing the next pages.

Pursuant to Title 35, Chapter 8 of the Official Code of Georgia Annotated and the Rules of the Georgia Peace Officer Standards and Training Council, each applicant is required to disclose **EACH AND EVERY** arrest and/or citation which the applicant has received, along with the disposition of **EACH AND EVERY** arrest and/or citation. Dispositions include, but are not limited to, dismissal, placement on a dead docket, nolle prosequi, finding or verdict of guilty or not guilty, plea of guilty, plea of nolo contendere, treatment under the First Offender Act, expungement, sealed, pardoned, or bond forfeiture. Include charges received as a juvenile. **NOTE: Failure to provide all requested information (including any intentional or unintentional omissions) may result in the rejection/denial of the application.**

1. Have you lived only in the state of Georgia: Yes No

2. If no list every state you have lived in: _____

3. Are you currently or ever been subject to a qualifying protection order (temporary or federal) prohibiting the possession of a firearm or ammunition? Yes No (If **Yes**, submit copy of the order.)

4. Have you ever been arrested? Yes No
(If "No" go to next page. If "yes" complete this page.)

5. Have you ever been convicted of a felony? Yes No

6. Have you ever been charged with a crime of domestic/ family violence? Yes No
(If **YES**, a copy of the police incident report **and** the **court disposition** regarding the arrest must be attached.)

List all felonies first. List all other charges in chronological order (with most recent first). Make copies of this page if additional space is needed.



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DATE OF ARREST m/d/yyyy _____.	_____. Arresting Agency, City and State _____. Charges _____. Disposition	CONVICTED: <input type="checkbox"/> Yes <input type="checkbox"/> No Check all that apply: <input type="checkbox"/> Fine Amount: _____. <input type="checkbox"/> Probation Time(mos/yrs): _____. <input type="checkbox"/> Incarceration Time(mos/yrs): _____. <input type="checkbox"/> Community Service
DATE OF ARREST m/d/yyyy _____.	_____. Arresting Agency, City and State _____. Charges _____. Disposition	CONVICTED: <input type="checkbox"/> Yes <input type="checkbox"/> No Check all that apply: <input type="checkbox"/> Fine Amount: _____. <input type="checkbox"/> Probation Time(mos/yrs): _____. <input type="checkbox"/> Incarceration Time(mos/yrs): _____. <input type="checkbox"/> Community Service
DATE OF ARREST m/d/yyyy _____.	_____. Arresting Agency, City and State _____. Charges _____. Disposition	CONVICTED: <input type="checkbox"/> Yes <input type="checkbox"/> No Check all that apply: <input type="checkbox"/> Fine Amount: _____. <input type="checkbox"/> Probation Time(mos/yrs): _____. <input type="checkbox"/> Incarceration Time(mos/yrs): _____. <input type="checkbox"/> Community Service

Attachments: Police Incident Report Court Disposition Signed Statement Regarding Incident

PERSONAL REFERENCES



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Provide following information for 6 persons, not related to you, and not former employers, who have known you for at least 5 years. Remember, all persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

NAME	ADDRESS	HOW THEY KNOW YOU
HOME PHONE	CELL PHONE	YEARS KNOWN

NAME	ADDRESS	HOW THEY KNOW YOU
HOME PHONE	CELL PHONE	YEARS KNOWN

NAME	ADDRESS	HOW THEY KNOW YOU
HOME PHONE	CELL PHONE	YEARS KNOWN

NAME	ADDRESS	HOW THEY KNOW YOU
HOME PHONE	CELL PHONE	YEARS KNOWN

NAME	ADDRESS	HOW THEY KNOW YOU
HOME PHONE	CELL PHONE	YEARS KNOWN

NAME	ADDRESS	HOW THEY KNOW YOU
HOME PHONE	CELL PHONE	YEARS KNOWN

APPLICANT ATTESTATION



MORGAN COUNTY SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT

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1. Is there anything that you would like to tell us about yourself that you have not addressed to this point?

No Yes

If yes, please explain: _____

2. Have you been completely honest on this application? No Yes

If no, please explain: _____

I have personally reviewed this application regarding ALL INFORMATION provided by me including my criminal and driver history. I attest and affirm that the information provided in this application including my criminal and traffic history is complete and correct to the best of my knowledge. Each page is initialed by me confirming verification of the data on that individual page. I understand that any page not initialed and verified by me could result in a delay of processing of this application.

Last Name	Social Sec#
First Name	Date of Birth (mm/dd/yyyy)
Middle Name	Check if applies: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III <input type="checkbox"/> IV If other give here:

Applicant Signature (*Sign Full Name*)

Date

Applicant checklist. Use the checklist to ensure your application is complete.

<input type="checkbox"/> photo on applicant agreement	Personal statements for	<input type="checkbox"/> copies of training certificates
<input type="checkbox"/> signature notarized on pg. 4	<input type="checkbox"/> military discharge explanation	<input type="checkbox"/> initials on each page
<input type="checkbox"/> birth certificate/citizenship papers attached	<input type="checkbox"/> drug use	<input type="checkbox"/> signatures on pages 21, 22,23
<input type="checkbox"/> high school diploma/GED/college degree attached	<input type="checkbox"/> criminal activity	
<input type="checkbox"/> DD214 attached	<input type="checkbox"/> action against certification	
<input type="checkbox"/> copy of driver's license	<input type="checkbox"/> explanation of TPO	
	<input type="checkbox"/> signature notarized on page 2	
	<input type="checkbox"/> entrance exam results	

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

Consent Form

I hereby authorize Morgan County Sheriff's Office to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with criminal justice agency – non-sworn (Purpose code 'J')
- Employment with criminal justice agency – sworn (Purpose code 'Z')

One of the following must be checked:

- This authorization is valid for 90/180/____ (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

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

Georgia Driver's History Consent Form

I hereby authorize the Morgan County Sheriff's Office to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, of for use relative to the performance of my official duties with this agency.

Full Name (print)

Address

Sex

Date of Birth

Driver's License Number

Signature

Date

The next section of the application is the Morgan County Board of Commissioner's Personnel Department's standard job application. It must also be completely filled out. Do not respond to any question in it with "See above" or similar response. The previous sections are for use by the Morgan County Sheriff's Office and are not forwarded to the Personnel Department.



Application for Employment
Morgan County Sheriff's Office
1380 Monticello Highway
Madison, Georgia, 30650

Equal access to programs, services, and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department

Please print

Position(s) applied for _____ Date of application ____ / ____ / ____.

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other (Name Source if Applicable)

Name (last, First, Middle) _____

Address _____

Telephone(____) _____ Social Security Number _____ - _____ - _____.

Best time to call you at home is, _____ : _____ am/pm Best time to call you at work is, _____ : _____ am/pm

May we contact you at work? Yes No Work Telephone (____) _____.

If you are under 18, can you provide a work permit? Yes No.

Have you filed an application here before? Yes No

If yes, provide date _____ / _____ / _____. Have you ever been employed here before? Yes No

If yes, provide dates.....From _____ / _____ / _____ To _____ / _____ / _____.

Are you legally eligible for employment in this country? Yes No
 (Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work. _____ / _____ / _____

Type of employment desired. Full- Time Part-Time Temporary Seasonal Educational Co-op

Are you on Lay-Off and subject to recall? Yes No

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work over time if required? Yes No

Have you ever been bonded? Yes No

Have you been convicted of a felony in the past seven (7) years? Yes No
 (Such a conviction may be relevant if job required, but does not bar you from employment)

If yes, please explain _____

Drivers license number (if job related) _____

State _____

Employment History

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section.

Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Address	From	To	
Telephone ()	Starting Hourly Rate/ Salary		
Job Title	\$	per	
Immediate Supervisor and Title	\$	per	
Reason for Leaving	Final Hourly Rate/ Salary		
	\$	per	
May we contact for reference? Yes No	\$	per	
Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Address	From	To	
Telephone ()	Starting Hourly Rate/ Salary		
Job Title	\$	per	
Immediate Supervisor and Title	\$	per	
Reason for Leaving	Final Hourly Rate/ Salary		
	\$	per	
May we contact for reference? Yes No	\$	per	
Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Address	From	To	
Telephone ()	Starting Hourly Rate/ Salary		
Job Title	\$	per	
Immediate Supervisor and Title	\$	per	
Reason for Leaving	Final Hourly Rate/ Salary		
	\$	per	
May we contact for reference? Yes No	\$	per	
Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Address	From	To	
Telephone ()	Starting Hourly Rate/ Salary		
Job Title	\$	per	
Immediate Supervisor and Title	\$	per	
Reason for Leaving	Final Hourly Rate/ Salary		
	\$	per	
May we contact for reference? Yes No	\$	per	

Educational Background

A. List the last three (3) schools attended, starting with the most recent. B. List the number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. & F. Major and minor fields of study (if applicable).

A. School	B. Years completed	C. Degree/Diploma	D. GPA/Class Rank	E. Major	F. Minor

List any Foreign Language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable list the school or personal references who are not related to you.

Name	Telephone	Years Known

List Professional, Trade, Business, or Civic associations and any other offices held. (Exclude any memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List any accomplishments, publications, awards. (Exclude any memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

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

Consent Form

I hereby authorize Morgan County Board of Commissioners to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with the Morgan County Board of Commissioners.

SPECIAL CONDITIONS

O.C.G.A. 35-3-35 IF AN ADVERSE EMPLOYMENT OR LICENSING DECISION IS MADE AGAINST THE PERSON WHOSE RECORD WAS OBTAINED UNDER THIS LAW, THE PERSON SHALL BE INFORMED:

1. THAT A RECORD WAS OBTAINED,
2. THE SPECIFIC CONTENTS OF THE RECORDS, AND, THE EFFECT THE RECORD HAD UPON THE DECISION.

FAILURE TO PROVIDE THIS INFORMATION TO THE PERSON SUBJECT TO THE ADVERSE DECISION SHALL BE A MISDEMEANOR.

G.C.I.C. REVISED (11/05)

ATTENTION

When submitting your application, you also must furnish us with a copy of your valid driver's license and Social Security Card.

If you are applying for employment with the Roads and Bridges Department OR a department where you will be operating a County vehicle you must provide us with a certified seven (7) year Motor Vehicle Report (MVR). This can be obtained at a cost of \$7.00 from any Georgia Department of Driver Services offices which are open Tuesday through Saturday 9:00-5:00. Below are some locations:

Covington:	8134 Geiger Street
Athens:	1505 US 29 North
Conyers:	2206 Eastview Parkway
Milledgeville:	200 Carl Vinson Road

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employers services if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances on the contrary.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of this person's need for accommodation that would be required by the ADA.

Morgan County Sheriff's Office, Georgia maintains a Drug Free Workplace Policy and applicants may be subject to drug and alcohol testing.

With your consent Morgan County Sheriff's Office may conduct a criminal history background check on you.

Are you related to any current Morgan County Sheriff's Office Employee? Yes No

If so, what is their name and what is their relation to you _____

Signature of Applicant _____ Date _____ / _____ / _____