



MADISON COUNTY SHERIFF'S OFFICE
 Kip C. Thomas, Sheriff
 706-795-6202
 P.O. BOX 65 DANIELSVILL, GA 30633

APPLICATION FOR EMPLOYMENT
MADISON COUNTY SHERIFF'S OFFICE
IS A DRUG FREE EMPLOYER

MADISON COUNTY CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

LAST

PERSONAL INFORMATION

How did you hear about this position?

Date

Name

Last First Middle

Current Address

Street City State Zip

Phone number

Are you 18 years of age or older? YES NO Parental consent may be required for persons under the age of 18.

FIRST

MIDDLE

EMPLOYMENT DESIRED

Date you can start:

Position

Are you currently employed?

If So, May We Inquire of Your Current Employer?

Yes No

Have you Ever Applied to Madison County Before?

YES NO

Where?

When?

EDUCATION	Name & Location of School	Circle Last Year Completed				Did you Graduate?	Subjects Studied and Degree(s) Received
		1	2	3	4		
Grammar School						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
High School		1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
College		1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Trade, Business, or Correspondence School		1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL

Have you Ever Been Convicted of a felony? _____

If yes, give Details:

Subjects of Special Study or Research Work:

Job Related Skills (typing, driver's license, etc.)

FORMER EMPLOYERS (List below your last four employers, starting with the last one first.)

Date Month and Year	Name & Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (List below three persons not related to you, whom you have known at least one year.)

Name	Address	Phone #	Relationship to You	Years Acquainted

If you are offered employment by Madison County Sheriff's Office, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements. We, as an employer, participate in E-Verify for verification of citizenship status.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Sheriff's Office unless made in writing.

If I am offered employment, I agree to submit to the extent permitted by law to a medical examination and/or drug test before starting work. If employed, I also agree to submit to a medical examination and/or drug test at any time deemed appropriate by the Sheriff's Office and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Sheriff's Office the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examination and/or drug test, and if I am hired a condition of my employment will be that I abide by the Sheriff's Office Drug and Alcohol Policy.


I understand that filling out this form does not indicate there is a position open and does not obligate the Sheriff's Office to hire. If hired, I agree to abide by all Sheriff's Office work rules, policies, and procedures. The Sheriff's Office retains the right to revise its policies or procedures, in whole or in part at any time.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Sheriff's Office.

I understand that any employment is conditioned on a criminal history background check. I authorize the Sheriff's Office to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Sheriff's Office, without giving me prior notice of such disclosure. In addition, I release the Sheriff's Office, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

Date _____ Signature _____



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