



Madison County Sheriff's Office Employment Application

The Madison County Sheriff's Office is an Equal Opportunity Employer, maintains a Drug Free Workplace and complies with ADA Guidelines. In order to receive consideration for employment with the County, this application must be completed **in full**, signed and dated. Answer all questions, indicating N/A if not applicable. Resumes will not be accepted in lieu of a completed application; however, may be attached. This application will remain active for 12 months.

Position Desired: _____ Date of Application: _____

Last Name First Middle

Street Address City State Zip

Home Phone Work Phone Cell Phone

Do you currently have a valid Driver's License? ___ NO ___ YES, what state _____

Have you ever worked for Madison County? ___ NO ___ YES, list date and position

List relatives who are employed by Madison County:

NAME	RELATIONSHIP	DEPARTMENT

Have you ever been convicted of an offense against the law or are you now under charges for any offense against the law? ___ NO ___ YES, describe _____

PERSONAL REFERENCES (Do not list former employers or relatives)

NAME	OCCUPATION	CONTACT NUMBER

EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION	MAJOR STUDIES	LIST DEGREE OBTAINED (If applicable)
High School			___ Diploma ___ GED
College/University/ Technical School			
Other			
LICENSES/ CERTIFICATIONS	DATE ISSUED	IS IT CURRENT?	LICENSING AGENCY
___ CDL ___ Work Ready Permit			
___ Other, describe			

Work History: Describe your work history during the past 5 years beginning with your current or most recent employer. Include military and volunteer experiences. Failure to give complete information regarding each job held may result in disqualification. A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

EMPLOYER:	DATES EMPLOYED:	DUTIES PERFORMED:
ADDRESS:	FROM: TO:	
TELEPHONE:		
JOB TITLE:		
SUPERVISOR:	HOURLY RATE/SALARY START: FINAL:	
REASON FOR LEAVING:		MAY WE CONTACT?
EMPLOYER:	DATES EMPLOYED:	DUTIES PERFORMED:
ADDRESS:	FROM: TO:	
TELEPHONE:		
JOB TITLE:		
SUPERVISOR:	HOURLY RATE/SALARY	
REASON FOR LEAVING:		MAY WE CONTACT?

APPLICANT’S CERTIFICATION AND AUTHORIZATION - read carefully before signing:

I certify that the answers 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. I understand that false or misleading information given in my application or interview(s) may result in disqualification or discharge if hired, and that I am required to abide by all rules and regulations of the Madison County Sheriff’s Office upon hire. The Madison County Sheriff’s Office is a Drug-Free Workplace and requires drug screen after offer of employment.

Signature of applicant

Date signed

This employment application is not an offer of employment nor a contract for employment. The completion of this application does not constitute an agreement, or promise to hire the applicant.

This employment application is the basis for the employment screening process and background investigation conducted by the Madison County Sheriff’s Office on each applicant for a position of employment. The answers that you provide for each question on this application must be full and complete and completed in black ink by the applicant. Any information that is erroneous in nature or not provided on this application, whether intentional or unintentional, will constitute the basis for your elimination from consideration for the employment which you now seek. Additionally, should you become employed by the Madison County Sheriff’s Office, and at any time subsequent to your employment, fraudulent, misleading or information missing from this application is discovered, your employment will be terminated. Please be sure that you carefully consider each and every question asked of you by this application and that you provide honest and complete information. If the question requires more space than is provided it may be answered on the reverse side of the page, with the question number indicated beside the information. Incomplete applications will not be accepted.

“I understand that if I do not wish to answer a question in this booklet, I may choose not to do so and my application will be terminated. I have read and understand the above statement.”

Signature of Applicant

Date Signed

Recruitment Officer (if applicable)

Personal History Statement

Applicant Name _____
Last First Middle

Other Names Used _____
(Maiden Name, Nicknames)

Date of Birth _____ Place of Birth (city and state) _____

Weight _____ Height _____ Eye Color _____ Hair Color _____

Present Address _____

Phone Numbers (include area code):

Work _____ Home _____ Cell _____

List all residences during the past fifteen (15) years.

Street Address of Residence _____ City/State _____ Dates From/To _____

Personal History Statement

(continued)

Marital Status (check one):

Single Married Separated Divorced Spouse Deceased

Present Spouse Information:

Name	First	Middle	Last	Maiden
------	-------	--------	------	--------

Date of Birth	City and State Place of Birth
---------------	-------------------------------

Date of Marriage	County and State of Marriage
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Employer	Occupation
----------	------------

List below every child born to you, adopted by you and any step children or children supported by you:

Name	Age	Where Resides
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Previous Marriage Information:

Ex-Spouse's Name

Cause for no longer being married (divorced, deceased, etc)

Personal History Statement

(continued)

List four (4) individuals who have knowledge of you and your qualifications, exclude relatives and former employers:

	Name	Address	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Do you have a current Georgia Driver's License? _____ YES _____ NO (explain)

Current Driver's License Number	State	Expiration Date
---------------------------------	-------	-----------------

List any past Driver's License information:

License Number	State
_____	_____
_____	_____

Have you ever had a Driver's License suspended, revoked or refused?

___ NO ___ YES (explain) _____

List all traffic citations within the last seven (7) years:

Type of Violation	City/County/State	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have liability insurance at the present time? _____ YES _____ NO

Employment History

How did you find out about this position?

Have you ever been reprimanded for misconduct or not doing your job?

_____ NO _____ YES (explain) _____

Have you ever been reprimanded for being late or for being absent?

_____ NO _____ YES (explain) _____

Please list all jobs you have had in the past fifteen (15) years including Military Service. (List the most current employer first)

Name of Employer _____

Dates of Employment _____ From _____ To _____

Job Title _____ Supervisor _____

Address _____

Phone _____ Reason for Leaving _____

Starting Salary _____ Ending Salary _____

Name of Employer _____

Dates of Employment _____ From _____ To _____

Job Title _____ Supervisor _____

Address _____

Phone _____ Reason for Leaving _____

Starting Salary _____ Ending Salary _____

Employment History

(continued)

Name of Employer _____

Dates of Employment _____ From _____ To _____

Job Title _____ Supervisor _____

Address _____

Phone _____ Reason for Leaving _____

Starting Salary _____ Ending Salary _____

Name of Employer _____

Dates of Employment _____ From _____ To _____

Job Title _____ Supervisor _____

Address _____

Phone _____ Reason for Leaving _____

Starting Salary _____ Ending Salary _____

Name of Employer _____

Dates of Employment _____ From _____ To _____

Job Title _____ Supervisor _____

Address _____

Phone _____ Reason for Leaving _____

Starting Salary _____ Ending Salary _____

Employment History

(continued)

May we contact your present employer? _____ YES _____ NO (explain)

Have you ever been fired and/or asked to resign from any place of employment?

_____ NO _____ YES (explain) _____

Have you ever served in the United States Military? _____ NO _____ YES (explain)

Branch _____ Service Number _____

Dates _____ From _____ To _____ Duties _____

Type of Discharge _____

Were you ever court-martialed, tried on charges, or the subject of company punishment, or any other disciplinary action while a member of the Armed Forces?

_____ NO _____ YES (explain) _____

Are you currently a member of the National Guard or any reserve unit? _____ NO _____ YES
(provide information below):

Unit name and location _____

Name of Commanding Officer _____

Phone Number to Commanding Officer _____

Criminal History

Have you ever been detained, arrested, or convicted for any criminal offense? (Include juvenile offenses) _____ NO _____ YES (specify below)

Date	Charge	Agency	Circumstances
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has any member of your family ever been arrested for or convicted of a felony crime?
_____ NO _____ YES (explain) _____

Do you have any gambling debts? _____ NO _____ YES (explain) _____

Have you ever committed or been involved in a serious or undetected crime?
_____ NO _____ YES

(NOTE: The last page of this application denotes those offenses in the Georgia Criminal code which we consider serious offenses. Please read this list prior to responding.)

Have you ever been placed on probation or parole? _____ NO _____ YES (explain)

Have you ever illegally sold, possessed, or delivered illegal drugs or marijuana?
_____ NO _____ YES

Have you ever tried or used marijuana illegally? _____ NO _____ YES (specify what circumstances)

Do you drink alcoholic beverages? _____ NO _____ YES

Financial History

NOTE: Exclude all debts incurred as a result of a disability.

Have you ever declared bankruptcy? _____ NO _____ YES

Have you filed for Bankruptcy Chapter 7, Chapter 11, or Chapter 13?

_____ NO _____ YES (explain) _____

Please list monthly payments, to include housing, utilities, all creditors, etc. (use the reverse side of this page if necessary).

Name of Firm	Monthly Payment	Balance

Have any of your bills ever been turned over to a collection agency or have you ever had anything repossessed?

_____ NO _____ YES (explain) _____

Are you currently delinquent on any creditors? _____ NO _____ YES (explain)

Are you presently under any court order to make payments to any person(s), companies, etc?

_____ NO _____ YES (list) _____

Education Record

List the name and address of the schools attended:

MIDDLE SCHOOL

Name _____

Address _____

Dates Attended _____ From _____ To _____

HIGH SCHOOL

Name _____

Address _____

Course of Study _____

Dates Attended _____ From _____ To _____

OTHER (Specify)

Name _____

Address _____

Course of Study _____

Dates Attended _____ From _____ To _____

COLLEGE

Name _____

Address _____

Course of Study _____

Dates Attended _____ From _____ To _____

Other Information

Have you applied for a permit to carry a concealed weapon? _____ NO _____ YES (specify)

Where

When

Why

Do you have any specialized skills that may be beneficial to this department? (photography, computers, firearms, etc)

_____ NO _____ YES (explain) _____

Do you know any law enforcement officer that is currently employed with the Madison County Sheriff's Office?

_____ NO _____ YES (state names)

You have been provided a copy of the job description listing the essential functions of the position for which you have applied?

_____ NO _____ YES (review the job description and answer the following questions).

Are you able to perform each of the essential functions listed for each position for which you have applied? _____ YES _____ NO (specify the functions you are unable to perform and explain why you are unable to perform them).

Are you of legal age to work as a police officer? _____ NO _____ YES (at least 18 years of age)

If your application is considered favorably, on what date will you be available to work?

Other Information

(continued)

Do you have any applications now pending with any other law enforcement agency?

_____ NO _____ YES (which agencies) _____

Are you willing to withdraw your pending applications in writing, from those agencies and supply us with a copy of the letter of withdrawal? _____ NO _____ YES

Do you understand that you will be required to conform to a strict dress code which does include such items as hair length, facial hair and personal hygiene? _____ NO _____ YES

If offered a position, are you willing to conform to the dress code? _____ NO _____ YES

Do you understand that this position will require you to wear a uniform? _____ NO _____ YES

If offered a position, are you willing to wear a uniform? _____ NO _____ YES

Do you understand that law enforcement is a 24 hour per day, 7 days a week vocation and you may be working any shift (and subject to rotation), nights, weekends or holidays?

_____ NO _____ YES

If offered a position, are you willing to work any schedule? _____ NO _____ YES

Do you understand that this position will require you to work overtime on short notice?

_____ NO _____ YES

If offered a position, are you willing to work overtime on short notice? _____ NO _____ YES

Are you aware that if hired, you will be required to affirm that you live within a radius of 25 miles from the Madison County line? _____ NO _____ YES

Law Enforcement Employment History

Notice: Complete this section only if you are currently or have been a certified peace officer. This does not include private security employment.

Are you currently a certified peace officer? _____ NO _____ YES (details)

State _____ Certification Date _____

Certification Number _____

Name of Academy Attended _____

Address of Academy _____

Have you ever been the subject of an internal investigation? _____ NO _____ YES (explain in detail)

Have you ever been involved in a shooting investigation? _____ NO _____ YES (explain in detail)

Law Enforcement Experience (Check all that apply)

___ Patrol	___ SWAT/ERT	___ CPR	___ FTO
___ Supervisor	___ Management	___ Executive	___ First Responder
___ Instructor	___ Senior Instructor	___ Master Instructor	___ Crime Scene Tech
___ Drug Interdiction	___ Drug Resource	___ DARE/CHAMPS	___ Intermediate Cert.
___ Advanced Cert.	___ Firearms Instruct.	___ EMT/AEMT	___ First Aid
___ Honor Guard	___ DTAC Instructor	___ Investigator	

Authorization to Release Information

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agency of Madison County, or to any authorized agent of a criminal justice agency or any private agency upon request of the Madison County Sheriff's Office, whether the said records are of public, private or confidential nature. I direct release of such records regardless of any agreement I may have made previously to the contrary. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultations including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings; complaints or grievances files by or against me and the records and recollections of attorneys at law or of other counsel whether representing me or another person in my case, whether criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Madison County Sheriff's Office. I also 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 for damages of whatever kind or nature which may at any time result to me on account of compliance on any attempts to comply with this authorization.

A photocopy of this release form will be valid as as original thereof, even though the said photocopy does not contain an original writing of my signature.

Applicant's Signature (including maiden name)

Date Signed

Social Security Number

Date of Birth

Complete Address

Notary Public

Date

[Seal]

Consent Form

I hereby authorize the Madison County Sheriff's Office to receive any Criminal/Driver's History record information pertaining to me which may be in the files of any criminal justice agency of any state, or any local criminal justice agency in the State of Georgia.

Applicant's Name Printed _____

Last

First

Middle

Applicant's Address _____

Gender _____

Race _____

Date of Birth _____

Driver's License Number _____

State of Issue _____

Signature of Applicant _____

Date Signed _____

Notary Public _____

Date Signed _____

[SEAL]

Agreement of Understanding Reimbursement of Training Costs

I, _____, as a prospective employee understand that if hired, I will be sent to mandatory training at a police academy followed by field training within this department. During this time, my salary and approved expenses for this training will be paid by the Madison County Sheriff's Office. I further attest that I have read and understand the Official Code of Georgia Section 35-8-22 which follows:

35-8-22. Reimbursement of training expenses by subsequent employer of peace officer; collection procedure; required documentation. Statute text:

(a) Unless otherwise provided by an employment contract to the contrary, if the State of Georgia or any county or municipality thereof employs a peace officer and said peace officer is hired by another agency within 15 months after completing mandated or formalized training requirements, then the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. If said officer is hired by another agency during a period of 15 to 24 months after mandated or formalized training requirements are completed, then one-half of the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. The council shall set standards for reimbursement by hiring agencies based upon actual expenses incurred in mandated or formalized training by individual departments.

(b) The State of Georgia or any county or municipality thereof which initially paid for the training of a peace officer shall submit an itemized, sworn statement to the new employer of the peace officer and shall demand payment thereof and may enforce collection of such obligation through civil remedies and procedures.

(c) Effective July 1, 2003, in order for the State of Georgia, or any county or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the peace officer in question signed an acknowledgement of the terms of this Code section or an employment contract specifying the provisions of this Code section prior to such peace officer's employment with the demanding governmental unit. Otherwise, this code section shall not apply to such demand for reimbursement.

History (Code 1981, 35-8-22, enacted by Ga. L. 1992, p.1325, 2; Ga. L. 2003,p. 327, 1.)

I have read this notice on the _____ day of _____, 20_____.

Signature of Applicant

Date Signed

Notary Public
[SEAL]

Date Signed

Psychological/Psychiatric Examination Agreement

The undersigned applicant for the position of Deputy with the Madison County Sheriff's Office understands and agrees to voluntarily submit to an examination by a professional psychologist/psychiatrist prior to being accepted for employment with the Madison County Sheriff's Office. The undersigned person also understands and agrees that he/she will voluntarily submit to examination by a professional psychologist/psychiatrist pursuant to an administrative investigation and at any time during their employment with the Madison County Sheriff's Office.

The undersigned person also understands and agrees that the results of any psychological/psychiatric examination given then will only be considered for administrative or departmental purposes relating to their employment by the Madison County Sheriff's Office. The undersigned person further agrees and understands to release, absolve, and forever hold harmless, the Madison County Sheriff's Office, its officers, agents and employees and the psychological/psychiatric firm conducting the psychological/psychiatric examination, their agents, officers, and employees from any liability resulting from the operation of any tests, equipment or use of the results obtained there from. This also applies to any and all suits, actions, or causes of action at law, claim, demand or liability which the executors, or administrators may have resulted directly, indirectly, or remotely from the undersigned person having taken such psychological/psychiatric examinations.

Signature of Applicant

Date Signed

Notary Public

Date Signed

[SEAL]

Authorization to Obtain a Consumer Credit Report for Employment Purposes

The Madison County Sheriff's Office is hereby authorized to obtain a consumer credit report regarding my credit history for employment purposes.

Signature of Applicant

Date Signed

Notary Public

Date Signed

[SEAL]

Affidavit Verifying Applicant's Lawful Immigration Status

As an Applicant for benefits administered by the Madison County Sheriff's Office. I,

_____, state the following under oath (check 1, 2, 3 below):

- _____ 1. I am a United States citizen.
- _____ 2. I am a legal permanent resident of the United States.
- _____ 3. I am qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien registration number issued by the Department of Homeland Security or other federal immigration agency is:

I also hereby verify that I am 18 years of age or older and have provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state)

Signature of Applicant

Date of Signature (Month/Day/Year)

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20_____.

Notary Public
My Commission Expires: _____

*Note: O.C.G.A. 50-36-1(e)(2) requires that qualified aliens or non-immigrants under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. If you are a qualified alien but you do not have an alien registration number, you may supply another identifying number, as well as its source (providing government entity), below:

Secure and Verifiable Documents Under O.C.G.A. 50-36-2 Issued August 1, 2011 by the Office of the Attorney General, Georgia

The following list of secure and verifiable documents, published under the authority of O.C.G.A. 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- * A United States passport or passport card.*
- * A United States military identification card.*
- * A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color and address to enable the identification of the bearer.*
- * An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color and address to enable the identification of the bearer.*
- * A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient information regarding the bearer, such as name, date of birth, gender, height, eye color and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>*
- * A United States Permanent Residence Card or Alien Registration Receipt Card.*
- * An Employment Authorization Document that contains a photograph of the bearer.*
- * A passport issued by a foreign government.*
- * A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard.*
- * A Free and Secure Trade (FAST) card.*
- * A NEXUS card.*
- * A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card.*
- * A driver's license issued by a Canadian government authority.*
- * A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561).*
- * A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form-570)*
- * In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit.*

Document Submission

Your interest with the Madison County Sheriff's Office is greatly appreciated. In order to properly process your background investigation, a photocopy of the following documents, when applicable, will be needed when you turn in this background investigation booklet. No booklet will be accepted without this information.

Place a check mark beside the information you have enclosed with the booklet.

- Birth Certificate
 - Social Security Card
 - Valid Georgia Driver's License
 - Automobile Insurance Card
 - High School Diploma
 - G.E.D.
 - College/Technical School Diploma
 - College/Technical School Transcripts
 - Police Academy Diploma
 - P.O.S.T. Basic Certification
 - P.O.S.T. Training Certificates
 - Naturalization Card
 - Military DD-214 (long form)
 - Military Discharge Certificate
 - Commendations and Awards
-