

**STEWART COUNTY SHERIFF'S OFFICE  
SHERIFF LARRY JONES  
APPLICATION FOR EMPLOYMENT**



Applicant's Name: \_\_\_\_\_

Position Applying: \_\_\_\_\_ Deputy Sheriff  
\_\_\_\_\_ Reserve Deputy  
\_\_\_\_\_ Communications Officer  
\_\_\_\_\_ Civilian Position (List) \_\_\_\_\_

**(FOR OFFICE USE ONLY)**

Date of Application: \_\_\_\_\_

Assigned Sheriff's Office Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**The Stewart County Sheriff's Office is an Equal Opportunity Employer**

1980 Broad Street • Lumpkin, Georgia 31815 • Ph: (229) 838-4311

www.stewartcountysheriff.org • Sheriff Larry Jones

**READ ALL INSTRUCTIONS ON THIS PAGE BEFORE PROCEEDING**

Failure to follow instructions, providing incomplete or incorrect information will delay or may disqualify you from the hiring process.

1. Local applicants are required to submit their application in person. Out of town applicants may mail their applications and supporting documentation to the Stewart County Sheriff's Office (SCSO) at the address listed above. Once your application is received, a background investigator will contact you with further information and instructions.
2. Applications are accepted in person Monday – Friday between 8:00 A.M. and 4:00 P.M. Please do not bring children with you to the office.
3. The applicant must legibly print or type the answers in this booklet in black ink.
4. All supporting documentation must be clear and legible.
5. Complete and accurate address and contact information must be given in all requested areas. Incomplete information will delay your process.
6. All yes/no questions must be answered with either a "Yes" or "No" response. "N/A" stands for "Not Applicable". Do not use "N/A" when "No" or "None" is the correct response. Do not leave any blanks. Answer all questions accurately, truthfully and in complete detail. There are additional pages in the back of this booklet if needed.
7. All waivers/forms located in this booklet must be completed prior to submitting your application.
8. If after submitting this booklet there are any changes to your contact information, you must contact the SCSO.
9. If at anytime during the application process you are involved in an accident, issued a traffic citation, have criminal or civil charges brought against you, or become part of a criminal investigation, you should contact your background investigator promptly.
10. If you have any questions contact the Stewart County Sheriff's Office at 229-838-4311.

It is necessary that all information be complete, truthful and accurate. Georgia Peace Officers Standards and Training (P.O.S.T) council has the right to deny certification to any applicant supplying false information or the use of fraud in securing employment. Discovery of deliberate omissions, intentional misrepresentations, or any falsified information will be basis for the termination of the application process or employment and could result in criminal prosecution.

It is imperative ALL convictions are listed in a criminal proceeding, regardless of whether the judgment of guilt or sentence is withheld or not entered, this includes first offender status. All information will be subject to verification through polygraph and administrative investigation.

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I understand the above instructions. I also understand that if I do not wish to answer questions in this booklet, my application will not be considered for possible employment.

The Stewart County Sheriff's Office is an Equal Opportunity Employer and does not discriminate on the basis of race, color, National origin, sex, religion, or disability in employment or provision of services.

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Signature

Sheriff Larry Jones

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Date

Chief Deputy Leon Mitchell

## **APPLICANT DISQUALIFICATIONS**

The following conditions shall result in the immediate disqualification of an applicant from consideration in the hiring process for a Deputy Sheriff, Bailiff, Communication Officer, and/or Dispatcher:

- Conviction of a felony
- Dishonorable discharge from any armed service
- Any conviction, misdemeanor or city ordinance, involving family violence
- Any history involving the sale and / or distribution of an illegal substance as an adult as defined by Georgia Law or of a significant nature as a juvenile
- Use of marijuana within two (2) years of the date of application
- Use of any Schedule II, III, IV or V Narcotic within five (5) years of the date of application. This includes any prescription medication not used as prescribed.
- Any use of a Schedule I narcotic (Ecstasy, Heroin, GHB, LSD) within ten (10) years of the date of application. Prior use will be determined on a case-by-case basis
- Prescription Drug use will be reviewed on a case by case basis
- Any illegal use of steroids within three (3) years of the date of application
- Any misdemeanor conviction within three (3) years of the date of application, to include DUI

Making any false statements or knowingly providing false information on the application or any document related to the application process will terminate the application process.

### **WE NEED CLEAR COPIES OF THE FOLLOWING DOCUMENTS:**

1. Copy of your Birth Certificate and Social Security Card.
2. Copy of your High School Diploma or GED.
3. High School Transcripts can be mailed to our office from the high school by U.S. mail.
4. College Diploma(s) (if applicable).
5. College Transcripts can be mailed to our office from the college by U.S. mail.
6. Copy of your DD 214 (if applicable). Any discharge other than "Honorable" will require a separate statement that must be signed, witnessed and notarized.
7. A copy of your Valid Driver's License.
8. Record of any legal name change (excluding marriage). We will also need court documentation.
9. Separate statement(s) for any arrest(s) or military disciplinary action(s) must be signed, witnessed and notarized. We will also need court related documentation and all police reports relating to the incident(s).

**THANK YOU FOR YOUR INTEREST IN STEWART COUNTY.**

**SELF-SCREENING QUESTIONNAIRE**

The information provided in this self-screening questionnaire consists of items concerning a job with the SCSO. Initial each question below if your answer is "YES"

Applicant Name: \_\_\_\_\_

- \_\_\_\_\_ 1. Are you willing to work an irregular shift schedule?
- \_\_\_\_\_ 2. Are you willing to work weekends and holidays?
- \_\_\_\_\_ 3. Are you willing to accept short notice for changes in your work schedule, which might require you to cancel personal plans?
- \_\_\_\_\_ 4. Are you willing to be subjected to abusive and profane language during personal contacts with citizens and deal with it unemotionally?
- \_\_\_\_\_ 5. Are you willing to take and follow directions, from a supervisor, in front of your peers?
- \_\_\_\_\_ 6. Due to the work environment and calls for service, are you willing to occasionally give up breaks and meal periods?
- \_\_\_\_\_ 7. Are you willing to work in an environment that might be too cold or too hot for your personal comfort?
- \_\_\_\_\_ 8. Are you willing to operate a motor vehicle for long periods of time (if applicable to position)?
- \_\_\_\_\_ 9. Are you willing to be closely supervised and routinely questioned about why you took certain courses of action, or made certain decisions, without taking it personally?
- \_\_\_\_\_ 10. This job requires a great deal of multi-tasking. Are you capable of simultaneously digesting what you have heard and responding immediately while performing other tasks?
- \_\_\_\_\_ 11. Are you willing to deal with angry or upset persons while remaining calm and in control?
- \_\_\_\_\_ 12. Are you willing to deal with a crisis call where a child might have been killed, a deputy injured or persons assaulted, and set your personal feelings aside and continue to deal with angry residents or an irate resident complaining about a barking dog?
- \_\_\_\_\_ 13. Are you willing to allow Sheriff Jones, Chief Deputy Mitchell or other SCSO personnel access to any of your social media or networking sites?
- \_\_\_\_\_ 14. Do you meet the required minimum requirements for the job?  
(See specific job description for position for which you are applying.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Stewart County Sheriff's Office  
Sheriff Larry Jones  
P.O. Box 817  
1980 Broad Street  
Lumpkin, GA 31815**

**Phone: 229-838-4311**

**Fax: 229-838-6572**

**DECLARATION**

I hereby certify that there are no willful misrepresentations or falsifications in the foregoing statements and answers to questions. I am aware that should investigation disclose any such misrepresentations or falsifications, my application will be rejected, or if already employed, my employment may be terminated. I also understand that a failure to answer each question will cause my application to be disqualified.

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Signature of Applicant

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Sheriff's Office Personnel

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Date

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Date

**\*\*\*UPON SUBMISSION THE APPLICANT AND THE SHERIFF'S OFFICE PERSONNEL WILL REVIEW THE APPLICATION. ONCE THE APPLICATION HAS BEEN REVIEWED AND DEEMED COMPLETE, THE APPLICANT WILL SIGN AND DATE THIS FORM INDICATING THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT. THE RECRUITER WILL SIGN AND DATE THIS FORM AS A WITNESS.**

Sheriff Larry Jones

5  
Stewart County Sheriff's Office

Chief Deputy Leon Mitchell

**Stewart County Sheriff's Office  
Sheriff Larry Jones  
P.O. Box 817  
1980 Broad Street  
Lumpkin, GA 31815**

**Phone: 229-838-4311**

**Fax: 229-838-6572**

**TO WHOM IT MAY CONCERN**

I, \_\_\_\_\_, having submitted an application to the Stewart County Sheriff's Office for the position of \_\_\_\_\_, agree to participate in all phases of the applicant screening process to determine my suitability for employment.

I fully understand that a Physical Qualifications Test may be required and that my participation in said test is a personal choice. In doing so, I hereby relieve the Stewart County Sheriff's Office, Sheriff Larry Jones, and their representatives of any and all liability for personal harm or injury resulting from my participation.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
(Stamp Only – Not Hand Written)

Notary Seal:

**Stewart County Sheriff's Office  
Sheriff Larry Jones  
P.O. Box 817  
1980 Broad Street  
Lumpkin, GA 31815**

**Phone: 229-838-4311**

**Fax: 229-838-6572**

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize Sheriff Larry Jones or other authorized representative of the Stewart County Sheriff's Office bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment and educational records (including, but not limited to: academic, achievement, attendance, athletic, personal history and disciplinary records); medical records; and credit records. Further authorization is extended to all Police Departments, Sheriff's Departments, Juvenile Courts and Clerks of Courts, to furnish the bearer with information, reprints, photographs and any other record containing information relating to criminal history or activity.

I hereby direct you to release such information upon request of bearer. I hereby release you, as the custodian of such records, and any employer, school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau of consumer reporting agency, including its officers, employees or related personnel (both individually and collectively) from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I further authorize the acceptance of a copy of this original to be used as authorization to release any and all information in lieu of the original which remains on file with this investigating agency. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_  
(Printed) (Signature)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Seal: **(Stamp Only – Not Hand Written)**

Sheriff Larry Jones

7

Chief Deputy Leon Mitchell

Stewart County Sheriff's Office

**PERSONAL INFORMATION**

1. Name: \_\_\_\_\_  
(First) (Middle) (Last)

2. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

4. Marital Status: \_\_Single \_\_Married \_\_Divorced \_\_Separated \_\_Widowed/Widower

5. In accordance with the Immigration Reform Act of 1986, proof of authorization for employment in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.

Are you a citizen of the United States? Yes No if no, explain on a separate sheet of paper and attach to application.

6. Physical Address: \_\_\_\_\_  
(Number) (Street) (Apartment Number)

\_\_\_\_\_  
(City) (State) (Zip) (County)

7. Mailing Address: \_\_\_\_\_  
(Number) (Street) (Apartment Number)

\_\_\_\_\_  
(City) (State) (Zip) (County)

8. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

9. Email Address: \_\_\_\_\_

10. List any other names you have used, including names associated with marriage(s).  
\_\_\_\_\_  
\_\_\_\_\_

11. Please list all social media you utilize. Examples include, but are not limited to, Facebook, Instagram, Twitter, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**MARTIAL STATUS INFORMATION**

1. Marital Status: \_\_Single \_\_Married \_\_Divorced \_\_Separated \_\_Widowed/Widower

2. Spouse Name: \_\_\_\_\_  
(First) (Middle) (Last)

3. Date of Marriage: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. Children:	Name	Age
	_____	_____
	_____	_____
	_____	_____
	_____	_____

**EDUCATION**

1. Are you a high school graduate? Yes No  
If no, circle the highest grade completed: 5 6 7 8 9 10 11 12

2. If you are not a high school graduate, have you earned a high school equivalent/  
G.E.D.? Yes No

3. Please complete the following.

**High School:**

Name of High School: \_\_\_\_\_ Diploma: Yes No

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Diploma: \_\_\_\_\_

**College, University, Professional, Vocational or Trade School:**

Name of School: \_\_\_\_\_ Hours or Degree: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Diploma: \_\_\_\_\_

Name of School: \_\_\_\_\_ Hours or Degree: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Diploma: \_\_\_\_\_

Name of School: \_\_\_\_\_ Hours or Degree: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Diploma: \_\_\_\_\_

**GED:** Testing Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Completion \_\_\_\_\_

**MILITARY SERVICE**

1. Have you ever served in any branch of the United States Armed Forces? This also includes Reserves, National Guard, and Coast Guard. Yes No
2. Are you now an active member of any branch of the U.S. Reserve Forces or National Guard? Yes No If yes, what branch ? \_\_\_\_\_
3. What type of military discharge did you receive? (Honorable, Dishonorable, General, Under Honorable Conditions, Entry Level Separation, Medical, etc.) Be specific:  
\_\_\_\_\_
4. Have you ever been involved in, or been accused of being involved in, a subversive act against the United States Government, or any other government, such as mutiny, treason, sabotage, espionage, etc.? Yes No If yes, fully explain on a separate attached narrative.

Branch of Service	Enlistment Period	Highest Rank Held	Service Number

**LAW ENFORCEMENT CERTIFICATION**

1. State Certified: Jailer Peace Officer  
Date Certified: \_\_\_\_\_ Certification#: \_\_\_\_\_
2. State Certified: Jailer Peace Officer  
Date Certified: \_\_\_\_\_ Certification#: \_\_\_\_\_
3. Have you been awarded any Georgia P.O.S.T. certification or certification from another state? Yes No If yes, please provide:

State of Issuance	Type of Certification	Certification Number

4. Is your Law Enforcement, Correction, Jailer, Probation, or Parole Officer Certification under investigation by any state or federal Law Enforcement Training Council?  
Yes No

If yes, please attach a narrative on a separate sheet of paper explaining in detail the cause for the investigation.

5. Has your Law Enforcement, Correction, Jailer, Probation, or Parole Officer certification ever been revoked or placed on probation by any state or federal Law Enforcement Training Council? Yes No

If yes, please attach a narrative on a separate sheet of paper explaining in detail the cause for the revocation or probation.

6. Have you ever resigned from employment while under active internal investigation?  
Yes No If yes, fully explain on a separate attached narrative.

## EMPLOYEMENT HISTORY

Describe your complete work history beginning with your current or most recent job. Include military and unpaid experience. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with telephone numbers of all employers are required. Attach additional sheets as needed.

1. Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PERSONAL REFERENCES**

Please list five (5) personal references. These must be people who are responsible adults of reputable standing in their community and who have known you for at least 3 years. They may not be relatives, anyone living within your household or current/former employers. Confirm that all the addresses and telephone numbers are current before submitting your application.

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_
5. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

**NEIGHBOR REFERENCES**

Please provide three (3) current neighbor references. The neighbor reference may live next door to you or within three (3) houses or apartment units in any direction of your residence. Please confirm that all addresses and telephone numbers are current before submitting your application.

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

**GENERAL INFORMATION**

1. Have you ever applied with the Stewart County Sheriff's Office before? Yes No if yes, position last applied for and date: \_\_\_\_\_

2. Do you have any relatives employed with Stewart County? Yes No if yes, indicate each:

Relative's name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Office: \_\_\_\_\_

Relative's name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Office: \_\_\_\_\_

Relative's name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Office: \_\_\_\_\_

3. Do you have any physical condition which may limit your ability to perform the job which you are applying? Yes No

4. Have you ever been charged, convicted, pled guilty or nob contendere to a felony or misdemeanor, other than a minor traffic violation? Yes No If yes, attach a written statement that answers what, where, when, the specific circumstances surrounding the event, as well as the outcome.

5. List any special skills/training you have that would be beneficial to the Stewart County Sheriffs Office

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESIDENCE HISTORY**

Please list all of your addresses for the last seven years. Start with your present address. You must include all permanent, temporary, part-time, military, and school addresses in which you have resided.

<b>From MO/YR</b>	<b>To MO/YR</b>	<b>Street Address</b>	<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip code</b>

## DRIVING HISTORY

1. Do you have a valid driver's license? Yes No if yes, please provide

License Number: \_\_\_\_\_ State: \_\_\_\_\_

2. Do you have a commercial driver's license? Yes No if yes, please provide

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

3. Have you ever been licensed to drive in another state(s)? Yes No If yes, list the state(s) and license number(s).

License Number: \_\_\_\_\_ State: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

4. Have you incurred any traffic charges within the last three (3) years? Do not include parking tickets. Yes No

If yes, please provide the dates and type of charge(s) below

Date Charge	Type of Charge	Disposition

*I hereby authorize the Department of Public Safety of Georgia, or any other authorized agency to whom this authorization may be presented, to release to the Stewart County Sheriff's Office an abstract of my driving record for use in processing my employment application.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT QUESTIONNAIRE

If you answer **YES** to questions 3-26, you must explain in full detail on the explanation sheet provided with this questionnaire. Be sure to indicate the question number that you are addressing.

1. Are you available to work any hour of the day, day of the week, including holidays and be available during unusual occurrences for call-outs? Yes No
2. Will you consent to a thorough background investigation of your character? Yes No
3. Have you ever been rejected for employment, for any reason, by any law enforcement agency? If yes, what agency and why? Yes No
4. Have you ever been terminated by any law enforcement agency? If yes, give the agency, date of termination, and reason. Yes No
5. Have you ever been terminated or asked to resign from any job? If yes, list the name of the employer(s), dates of employment, and reason for termination or resignation under pressure. Yes No
6. Have you ever been physically arrested or given a copy of charges for violation of any city, municipal, state, or federal law? Yes No
7. Have you ever used, tried, ingested, or experimented with marijuana (including as a juvenile or even one experimental use)? If yes, write the number of times used, the first date used, and the date of last use. Yes No
8. Have you ever used, tried, ingested, or experimented with any other type of illegal narcotics or dangerous drugs (i.e. heroin, cocaine, hashish, speed, LSD, anabolic steroids, etc.)? If yes, indicate what type of drug and when you used it? Yes No
9. Have you ever sold any type of illegal drug, delivered illegal drugs, shared drugs with another person, or directed another person where to buy drugs? If yes, indicate what type of drug and when. Yes No
10. Have you ever used, tried, ingested, or experimented with any drug legally prescribed to another person? If yes, indicate what type of drug and when. Yes No
11. Have you ever filed or declared bankruptcy, had any judgments, repossessions, foreclosures, or collections? Yes No
12. Have you ever been sued? Yes No
13. Have you ever had a charge, complaint, or lawsuit filed against you alleging the use of excessive force? Yes No

**APPLICANT QUESTIONNAIRE CONT.**

14. Have you ever had a charge, complaint, or lawsuit filed against you alleging false arrest? Yes No
15. Have you ever been a complainant, victim, or been involved in a complaint of domestic violence? Yes No
16. Have you received written reprimands from supervisors or employers for not doing your job correctly or conduct violations? Yes No
17. Have you ever been suspended from a job for a period of time with or without pay? Yes No
18. Have you ever been charged, convicted, pled guilty or nob contendere to a felony or misdemeanor, other than a minor traffic violation? Yes No
19. Do you object to wearing a uniform? Yes No
20. As an adult, have you ever stolen anything? Yes No
21. Have you ever operated a motor vehicle while you were intoxicated? Yes No
22. Do you have any hatreds or prejudices toward others because of their race, color, religion, national origin, sexual orientation, gender identity, age, national origin, veteran status, military status or disability? Yes No
23. Do you have any problem controlling your temper? Yes No
24. Do you have any problems because of gambling? Yes No
25. Have you ever filed for, or received, compensation, the amounts of which you were not eligible to receive? Yes No
26. Have you purposely omitted any information from your employment application? Yes No



**EXPLANATION TO APPLICANT QUESTIONNAIRE**

Please make sure that all explanations are detailed, accurate, and true. Be sure to list the number to the question that you are explaining. Attach additional sheets if necessary.

Page Number	Question Number	Continuation



**APPLICANT'S STATEMENT AND CONSENT WAIVER**

I certify that I have read and understand all questions and instructions in this application, and that my answers are true and complete. I understand that this application is not an offer of or a contract for employment

I understand that any untrue statement in this application may result in my dismissal any time during my employment with the Stewart County Sheriff's Office. I understand that any intentional false statement will result in the disqualification of my application and/or prosecution for the offense of False Swearing (Ga. Code § 16-10-74 punishable by a maximum fine of \$1,000.00 plus imprisonment for not less than one or more than five years or both. I further understand any erroneous answer given by me during any part of the application process, whether intentional or not, will constitute a basis for my elimination from consideration for the employment I now seek. I understand that if I do not wish to answer a question in the process, I may choose not to do so and my application will be terminated.

I hereby authorize you to release to the Stewart County Sheriff's Office, and authorize the Stewart County Sheriff's Office to receive, any criminal and driver's history record information pertaining to me which may be in the files of any state or local jurisdiction. I also request and authorize the release of all information that may concern my employment records, my educational records, any credit reports, and any consumer reports to the Stewart County Sheriff's Office. I request that all records pertaining to my military service, to include undeleted DD214 forms, be released to the Stewart County Sheriff's Office. You may include all information of a confidential or privileged nature and any photocopies or facsimile of the same, if required.

This information will be used to assist the Stewart County Sheriff's Office in determining my qualification and fitness for the position I am seeking with this agency. I hereby release you, your organization, and others from liability which may result from furnishing the information requested above. A PHOTOCOPY of the release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that résumés, letters of reference, etc. submitted with the application become property of the Stewart County Sheriff's Office and will not be returned. Some of the information I have provided on the application may be subject to public disclosure under the Georgia Open Records Act.

I understand that if I am hired by the Stewart County Sheriff's Office, this consent waiver will remain valid throughout my employment period.

By signing this application, I hereby acknowledge that I have read, understand, and agree to all provisions outlined herein.

\_\_\_\_\_  
Applicant Name (PRINT)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My commission expires

Sheriff Larry Jones

19

Chief Deputy Leon Mitchell

Stewart County Sheriff's Office

**PRE-EMPLOYMENT CONSENT AND NOTICE:  
ALCOHOL AND CONTROLLED SUBSTANCE TESTING**

As a condition of employment by Stewart County, you must submit to a physical examination. This examination will include an alcohol and controlled substance screening test. In order to be employed by Stewart County, you must successfully pass this screening test.

By signing this form, you are acknowledging that you consent to such a screening test, and that you understand that such a screening test is part of Stewart County's Alcohol and Controlled Substance Policy. You hereby agree to abide by this policy.

Soc. Sec. # \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**WORK SCHEDULE ACKNOWLEDGMENT**

I understand that if I am hired for the position of \_\_\_\_\_ with the Stewart County Sheriff's Office, it will involve my working any hours, shifts, weekends, or holidays as the need arises. I understand that I may be assigned to any shift and that, at the discretion of my supervisor, I may be rotated to another shift with little or no notice.

The different shifts that are currently in operation for this position have been explained to me, and I understand that these hours can change at any time with little or no notice.

I understand the above conditions and have no objections to them.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE OF THE STEWART COUNTY SHERIFF  
SHERIFF LARRY JONES**

**EMPLOYERS USE ONLY**

Hired:		Not Hired:	
Position Hired For:			
Date Hired:			
Comments:			

**Applicant Disqualifications**

The applicant was not hire due to the following disqualification:

- Conviction of a felony.
- Dishonorable discharge from any armed service.
- Any conviction, misdemeanor or city ordinance, involving family violence.
- Any history involving the sale and / or distribution of an illegal substance as an adult as defined by Georgia Law or of a significant nature as a juvenile.
- Use of marijuana within two (2) years of the date of application.
- Use of any Schedule II, III, IV or V Narcotic within five (5) years of the date of application. This includes any prescription medication not used as prescribed.
- Any use of a Schedule I narcotic (Ecstasy, Heroin, GHB, LSD) within ten (10) years of the date of application.
- Any illegal use of steroids within three (3) years of the date of application.
- Any misdemeanor conviction within three (3) years of the date of application, to include DUI.
- Making any false statements or knowingly providing false information on the application or any document related to the application process will terminate the application process.
- Other:

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Stewart County Sheriff's Office is an Equal Opportunity Employer**