

# Office Of The Sheriff

ADMINISTRATION  
706-865-6370  
706-865-6977 (FAX)

WHITE COUNTY, GEORGIA  
**Sheriff Neal Walden**  
1210 Hulseley Rd.  
Cleveland, Georgia 30528

DETENTION CENTER  
706-865-5177  
706-865-3037 (FAX)

Dear Applicant,

I am pleased that you have decided to apply for employment with the White County Sheriff's Office. Should you be selected for employment, you will find that the employees of this agency are highly motivated, career orientated, competent men and women with high ethical standards, who provide the entire range of law enforcement services to the community.

Therefore, we have established very high standards for our employees. It is the policy of this agency to hire only the best qualified individuals for full time positions. Our employee selection process is thorough and regimented. It affords equal opportunity to everyone regardless of race, creed, color, gender, national origin, or age. All eligible applicants will be afforded the same opportunity for employment selection.

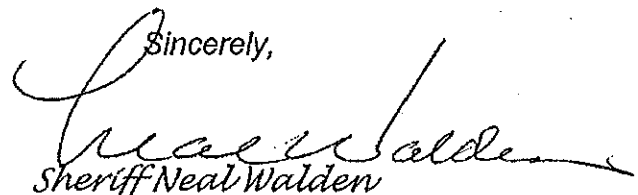
To be considered for employment, applicants must meet the following qualifications: Applicants must be at least 21 years of age for Deputy Sheriff, and 18 years of age for Detention Officer and civilian positions, possess a high school diploma or GED, possess a valid drivers license, honorable discharge(if prior military), and have no adverse driving record nor felony convictions. **A COPY OF YOUR BIRTH CERTIFICATE AND A COPY OF YOUR HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE MUST ACCOMPANY THIS APPLICATION!!! NO TRANSCRIPTS OF GRADES WILL BE ACCEPTED.**

**Application will (NOT) be excepted without required BIRTH CERTIFICATE, HIGH SCHOOL DIPLOMA OR G.E.D.**

The hiring process includes but is not limited to the following: Intensive background investigation, polygraph examination, oral interview and drug screen.

It is essential that you follow all directions provided. The application process requires you to provide much detailed information about yourself. Because we are a public safety organization, we must have accurate and extensive information upon which to base our employment decisions so that we can properly serve the citizens of White County.

Sincerely,

  
Sheriff Neal Walden

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## APPLICATION FOR EMPLOYMENT Equal Opportunity Employer

The White County Sheriff's Office does not discriminate on the basis of race, color, national origin, sex, religion or age.

**POSITION:** Deputy  Detention Officer  Civilian  **Date:** \_\_\_\_\_

### PERSONAL INFORMATION

Name:			Social Security No.:		
(Last)	(First)	(Middle)			
List Any Alias Names Used i.e. maiden names, nicknames, etc.:					
Present Address:					
		(City)	(State)	(Zip Code)	
Birth Date:	/ /	Place of Birth:	Age:	Sex:	Race:
Home Telephone: ( )		Cell Phone: ( )		Business Phone: ( )	
Are you willing to work shift work ( nights, holidays, weekends, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Do you object to wearing a uniform? Yes <input type="checkbox"/> No <input type="checkbox"/>			Date available for employment:		

### EDUCATION

Are you a High School graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If no, circle highest grade completed:      5      6      7      8      9      10      11      12							
If not a high school graduate, do you have a GED? Yes <input type="checkbox"/> No <input type="checkbox"/> Date Completed:							

School	Name and location of school and dates attended	Degree Earned	Completed
High School			9 10 11 12
Business/ Technical School			1 2 3 4
College			1 2 3 4
Graduate School			1 2 3 4

### GENERAL INFORMATION

Have you ever been employed by or applied with the White County Sheriff's Office? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes when?	Department / Office
Are you related to anyone currently employed by the White County Sheriff's Office? Yes <input type="checkbox"/> No <input type="checkbox"/>	Relatives Name	Relationship
How did you learn of this opening?	Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
In accordance with the Immigration Reform Act of 1986 proof of authorization to be employed in the United States will be Required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.		
Have you ever been convicted of, or plead guilty or Nolo to a felony or misdemeanor, other than a minor traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach a written statement that answers, what where, when, the specific circumstances surrounding the event as well as the outcome.		
Active Military Service (list date, serial or service number for all active service) <span style="float: right;">N/A <input type="checkbox"/></span> From: _____ To: _____ Serial or Service Number: _____ Branch of Service: _____ Discharge Type: _____		
Are you now or have you ever been an inactive member of any branch of the U.S. Reserve Forces or National Guard? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type and branch?		
Have you ever used marijuana? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever possessed, sold, manufactured, used or delivered illegal drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever illegally possessed, sold, manufactured, used or delivered legal prescription medication? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you answered yes to either of the above statements concerning drug use, answer the following questions: Used: <input type="checkbox"/> Possessed: <input type="checkbox"/> Sold: <input type="checkbox"/> Manufactured: <input type="checkbox"/> Delivered: <input type="checkbox"/> Type of Drug(s): _____		
Date used, possessed, sold, manufactured, delivered: _____		
Number of times used, possessed, sold, manufactured, or delivered: _____		
Are you a graduate of a police mandate school or academy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, location: _____		

### ALCOHOL AND CONTROLLED SUBSTANCE TESTING

#### \*WHITE COUNTY GOVERNMENT IS A DRUG FREE WORKPLACE\*

As a condition of employment with White County Government, you will be required to submit to an alcohol and controlled substance screening test. In order to be employed by the White County Government, you must successfully pass this screening test. Candidates rejected for failing to pass the required screening will be required to wait at least 12 months before reapplying for employment. Employees who are indicted for, or convicted of, a controlled substance related violation under state or federal law, or who plead guilty or no contest to such charges must inform their Supervisor or Human Resources in writing within five days of the conviction or plead (this is a requirement of the Drug Free Workplace Act of 1988). **Should you be offered a job with White County Government, your position will be subject to post accident and reasonable suspicion testing. All safety sensitive positions will be subject to random drug and alcohol testing. These requirements are in accordance with the County's Substance Policy.**

By signing below, you are acknowledging that you consent to such an examination and screening test.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### DRIVING HISTORY

Do you have a valid Driver's License Yes <input type="checkbox"/> No <input type="checkbox"/>	Which State?	Driver's License Number:	Date of Expiration:
Have you ever been licensed to drive in another state? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes Indicate which state(s): _____ Operator's License Number: _____			
Have you incurred any traffic charges within the last three (3) years? Do not include parking tickets. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date(s) and type of charges: _____ _____ _____			

### PERSONAL REFERENCES

Please list five personal references. These are people you have known for at least 4 years which are not former employers, relatives, or people with whom you are living.

Name	Address	
Occupation	Work Phone No.:	Home Phone No.:
Name	Address	
Occupation	Work Phone No.:	Home Phone No.:
Name	Address	
Occupation	Work Phone No.:	Home Phone No.:
Name	Address	
Occupation	Work Phone No.:	Home Phone No.:
Name	Address	
Occupation	Work Phone No.:	Home Phone No.:

### SKILLS AND TRAINING

List any special skills / training you have, that would be beneficial to this agency:  
\_\_\_\_\_  
\_\_\_\_\_

Explain in full detail why you want to become a deputy sheriff / detention officer / civilian employee of the White County Sheriff's Office. Attach an additional page if necessary, do not exceed 500 words.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WORK HISTORY

Describe your work history BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB. Complete address with zip code and phone numbers for all employers are necessary.

Name, address and phone number of employer:	From Mo./Yr.	To Mo./Yr.	Wage Rate Start/Finish	Job Titles And Duties	Reason for leaving & Supervisor's Name
Name: _____ Address: _____ Phone: _____					
Name: _____ Address: _____ Phone: _____					
Name: _____ Address: _____ Phone: _____					
Name: _____ Address: _____ Phone: _____					

## WORK REFERENCES

Work References we may contact ( Include at least two most recent or current supervisors):

Name:	Name:
Address:	Address:
Occupation:                      Phone:	Occupation:                      Phone:
Name:	Name:
Address:	Address:
Occupation:                      Phone:	Occupation:                      Phone:

**PLEASE READ THIS IMPORTANT INFORMATION BELOW, ASK FOR CLARIFICATION IF NEEDED.**

The undersigned has applied for employment with the White County Government and hereby authorizes the White County Government to contact my current and former employers and references for the purpose of acquiring information regarding me; I hereby authorize such employers and references to supply such information verbally or in writing to the White County Government. In consideration for their furnishing such information, I hereby waive any and all claim against such former employers and references which may arise from their furnishing such information.

I understand the White County Government has a Substance Abuse Prevention Program which includes drug testing. I agree to comply with applicable county policy.

I understand that once offered a position I will be required to complete drug screening.

I certify that the answers given by me to all of the questions on this application are to the best of my knowledge and belief true and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if employed.

**I AGREE THAT IF HIRED, THE WHITE COUNTY GOVERNMENT OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO COUNTY POLICY, PRACTICE, PROCEDURE, OR STATEMENT BY ANY COUNTY REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT-WILL EMPLOYMENT RELATIONSHIP.**

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS:

SIGNATURE

DATE

**APPLICANT'S STATEMENT / CONSENT WAIVER**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND  
CRIMINAL HISTORY RECORD INFORMATION**

I, the undersigned, do hereby authorize the procurement, review and disclosure of all records concerning myself to any duly authorized officers or agents of the White County Sheriff's Office, whether said records are of a public, private or confidential nature.

The intent of the authorization is to demonstrate my unconditional consent for the full and complete disclosure of records from education institutions; financial or credit agencies (including credit reports and / or ratings); and other financial statements wherever filed; medical and psychiatric treatment and / or consultation; including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigations, reports, background reports, polygraph exam results, efficiency or fit-for-duty reports, complaints, or grievances filed by or against me, and the records of my attorney(s) at law or other counsel (either criminal or civil) that has/ have represented me in any other matter which I presently have or have had an interest, and any other document or article of information deemed pertinent by the White County Sheriff's Office for the purpose of assessing the employment suitability of:

FULL NAME OF APPLICANT(Print) :

\_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (ANY ALIAS LAST NAMES)

I understand that any information obtained by a personal history background investigation, which is prepared in reliance – in whole or in part – upon this release will be considered in determining my suitability for employment with the White County Sheriff's Office. I also certify that any person(s) or entities who may furnish information concerning me shall not be held accountable or liable for giving such information; and I hereby specifically release such person(s) or entities from any and all liability which may or could be incurred as a result of furnishing such information. I also release White County and the White County Sheriff's Office from any and all liability associated with the requesting and / or procuring of such information.

I hereby authorize the White County Sheriff's Office to receive any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal justice agency. A photocopy of the release form will be valid as an original thereof even though said photocopy does not contain any original writing of my signature.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

**\* THIS AUTHORIZATION FORM WILL EXPIRE 30 DAYS FROM THE DATE OF SIGNATURE \***

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

**Georgia Driver's History Consent Form**

I hereby authorize the \_\_\_\_\_  
(fire department/law enforcement agency name)

to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

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

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the \_\_\_\_\_ to receive any Georgia or  
 \_\_\_\_\_ Criminal Justice Agency  
 III criminal history record information pertaining to me, as authorized under state and federal law for  
 individuals seeking employment with a criminal justice agency.

Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number

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 agency.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Date of inquiry: \_\_\_\_\_ Time of inquiry: \_\_\_\_\_ Operator's initials: \_\_\_\_\_

Purpose Code used: (check one)

<input type="checkbox"/>	<b>Civilian Employment with a Criminal Justice Agency (J)</b> – Provides complete <i>Georgia</i> and <i>III</i> Criminal History Record Information except juvenile or restricted records and
<input type="checkbox"/>	<b>P.O.S.T. Certified Employment with a Criminal Justice Agency (Z)</b> - Provides <i>Georgia</i> and <i>III</i> Criminal History Record Information including restricted records that contain completed first offender sentences for any offense

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Georgia or III CHRI results available.
<input type="checkbox"/>	Georgia / III CHRI attached/released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.

Wanting Agency Name:	
Agency Telephone:	

\_\_\_\_\_  
 Agency Designee Signature and Title

\_\_\_\_\_  
 Date