

Dade County Sheriff's Office
75 Case Ave.
Trenton, GA 30752
706-657-3233

Employment Application

The Dade County Sheriff's Office will strive to provide professional, high quality and effective law enforcement, correctional and court security services to the citizens of Dade County. We believe that our work has a vital impact on the quality of life in our community. To demonstrate our commitment to our profession, on and off duty, we adhered to the following core values:

PRIDE • INTEGRITY • PROFESSIONALISM • FAIRNESS

Ray G. Cross, Sheriff

Dear Applicant,

I am pleased you have decided to apply for employment with the Dade County Sheriff's Office. High standards for employment have been established to best serve and protect the people of Dade County. It is the policy of this agency to employ only the best qualified individuals for available positions; therefore, the employee selection process is thorough and regimented. The employment process affords equal opportunity to everyone with all eligible applicants being considered as positions become available.

The attached application is lengthy and requires that you provide detailed information and documentation. Due to the nature of law enforcement-related employment, accurate and extensive information is required as a basis for hiring. Failure to complete the application in its entirety (including all required document copies, notary and witness signatures) will render the application invalid and will prevent the applicant from being considered for employment. Any false information provided in the application and/or statement made during interviews, or failure to comply with other consent requirements such as a drug screening or polygraph testing may result in termination at any time. This application will remain active and on file for a period of one year after submission.

Additional requirements for employment include a complete background investigation, drug screening, polygraph testing and an in depth interview. Applicants offered employment will be subject to a twelve (12) month working probation period during which performance will be evaluated prior to an offer of continuing employment.

Sincerely,

Sheriff Ray Cross

Job Application Questionnaire:

Position applied for: _____

Applicant's Name: _____
Last First Middle

This employment application is neither an offer of employment nor a contract for employment. The completion of this application does not stand as 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 Dade County Sheriff's Office on each applicant for a position of employment. The answers you provide for each question on this application must be legibly printed in either black or blue ink or typed and complete. Any information that is erroneous in nature or not provided on this application, whether intentional or unintentional, will constitute for the basis for your elimination from consideration for the employment, which you seek.

Additionally, any fraudulent, misleading or missing information from this application discovered after employment with the Dade County Sheriff's Office may be grounds for termination. 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 does not apply to you, put "N/A" for the answer to that particular question. Any answer that requires more space than is provided may be answered on the reverse side of the page, with the question number indicated beside the information. Incomplete applications will not be accepted. All areas which indicate witness or notary must be complete. (Applicant should NOT include "will discuss at interview" in ANY section of this application.)

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.

Applicant Signature: _____ Date: _____

Witness Name (print): _____ Date: _____

Witness Signature: _____ Date: _____

PERSONAL INFORMATION

Applicants Name: _____
Last First Middle

Other Names Used: _____
(Maiden Names, Nicknames, AKA)

Place of Birth: _____
(City, County, State, Country)

Present Address: _____
Street

City	State	Zip Code	County
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Telephone Numbers - Work: _____ Home: _____ Cell: _____

List all residence during the past ten (10) years:

Street Address: _____

City: _____ State: _____ From: _____ To: _____

Street Address: _____

City: _____ State: _____ From: _____ To: _____

Street Address: _____

City: _____ State: _____ From: _____ To: _____

Street Address: _____

City: _____ State: _____ From: _____ To: _____

Street Address: _____

City: _____ State: _____ From: _____ To: _____

Street Address: _____

City: _____ State: _____ From: _____ To: _____

Please list three individuals as references who have knowledge of you and your qualifications.
Exclude relatives and former employers.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

*IF IT BECAME NECESSARY IN YOUR LAW ENFORCEMENT DUTIES TO TAKE A HUMAN LIFE, WOULD YOU HAVE RELUCTANCE TO DO SO BECAUSE OF RELIGIOUS OR OTHER BELIEFS?

YES: _____ NO: _____

Are you a United States Citizen: Yes: _____ NO: _____

If no, explain: _____

Do you currently have any relatives employed with the Dade County Sheriff's Office?

Yes: _____ No: _____ If yes, list below:

Name: _____ Relation: _____

Do you speak any foreign languages: Yes: _____ No: _____

Is yes, what language(s) and how fluently? _____

EDUCATION

List all high schools attended (beginning with the most recent).

Name of High School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Dates Attended – From _____ To _____

Name of High School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Dates Attended – From _____ To _____

Name of High School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Dates Attended – From _____ To _____

Did you graduate from high school? Yes: _____ No: _____

If yes, Name of School: _____

Date of Graduation: _____ School Phone #: _____

If no, have you completed your GED? Yes: _____ No: _____

If yes, name of Issuer: _____ Phone # of Issuer: _____

Date of Completion: _____

List all colleges and/or universities attended (beginning with most recent),

Name of College or University: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Date Attended: From _____ To _____

Name of College or University: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Date Attended: From _____ To _____

Name of College or University: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Date Attended: From _____ To _____

Did you graduate from any Colleges or Universities? Yes: _____ No: _____

If yes, complete section below:

Name of College or University: _____

College Phone #: _____

Degree Obtained: _____ Graduation Date: _____

Name of College or University: _____

College Phone #: _____

Degree Obtained: _____ Graduation Date: _____

Name of College or University: _____

College Phone #: _____

Degree Obtained: _____ Graduation Date: _____

List all Specialized Schools attended (beginning with most recent).
(Trade, Business, Correspondence, Law Enforcement, Etc.)

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Dates Attended – From _____ To _____

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Dates Attended – From _____ To _____

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Dates Attended – From _____ To _____

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Dates Attended – From _____ To _____

EMPLOYMENT HISTORY

List all employers in the past ten (10 years, beginning with the most current).

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Date of Employment: From _____ To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Date of Employment: From _____ To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Date of Employment: From _____ To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Date of Employment: From _____ To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Date of Employment: From _____ To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Date of Employment: From _____ To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Date of Employment: From _____ To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Date of Employment: From _____ To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Date of Employment: From _____ To _____
Reason for leaving: _____

Would any problem result if your present employer were contacted during the background investigation:
Yes: _____ No: _____

If yes, explain:

Has a supervisor ever reprimanded you for being late or absent? Yes: _____ No: _____

If yes, explain:

Have you ever served in the United States Military? Yes: _____ No: _____

If yes, please complete section below:

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 other disciplinary action while a member of the armed services? Yes: _____ No: _____

If yes, explain: _____

Are you currently a member of the National Guard or any reserve unit? Yes: _____ No: _____

If yes, indicated name of Unit, location and assignment: _____

DADE COUNTY SHERIFF'S OFFICE POLYGRAPH EXAMINATION AGREEMENT

I, the undersigned applicant for a position with the Dade County Sheriff's Office, understand and agree that I may be required to submit to a polygraph examination by a forensic psycho-physiologist prior to being accepted for employment with the Dade County Sheriff's Office. The undersigned person also agrees that he/she will voluntarily submit to a polygraph examination by a forensic psycho-physiologist pursuant to an administrative investigation at any time during employment with the Dade County Sheriff's Office.

The undersigned person also agrees that any polygraph examination given pursuant to an administrative investigation will only be considered for administrative or departmental purposes relating to his/her employment with the Dade County Sheriff's Office. The undersigned person further agrees to release, absolve and forever hold harmless the Dade County Sheriff's Office, Dade County Commission, its officers, agents, and employees from any liability resulting from the operation of the equipment or use of the results obtained therefrom. This also applies to any and all suits, action, or causes of action at law, claim, demand or liability which the undersigned, his/her successors, assigns, heirs, executors, or administrators have not or may ever have resulting directly, indirectly, or remotely from the undersigned person having taken such polygraph.

Signature: _____ Date: _____

Witness: _____ Date: _____

DADE COUNTY SHERIFF'S OFFICE
CRIMINAL AND DRIVER HISTORY CONSENT FORM

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

Applicant's Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Date of Birth: _____ Sex: _____ Race: _____

Driver's License Number: _____ State: _____

Signature of Applicant: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary Public, State of Georgia

My Commission expires: _____

DADE COUNTY SHERIFF'S OFFICE
AUTHORIZATION TO RELEASE INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to the Dade 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, financial statements and records wherever filed, and the US Veterans Administration, employment records including background reports, efficiency ratings, complaints or grievances filed against me whether representing me or another person in any case either criminal or civil in which I presently have or have not had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in compiling any report for the Dade 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. I do also hereby release said person(s) from any and all liability that may be incurred as a result of furnishing such information.

A photocopy 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.

Signature of Applicant

_____-_____-_____
Social Security Number

Date

Witness Signature

Date

DADE COUNTY SHERIFF'S OFFICE CONSENT FOR DRUG TESTING

The undersigned applicant for a position with the Dade County Sheriff's Office agrees to voluntarily submit to the collection of blood and/or urine samples for the purpose of determining the presence of drugs, if any, prior to being accepted for employment.

The undersigned person also agrees to voluntarily submit to the collection of blood and/or urine samples for the purpose of determining the presence of drugs, if any, on a random testing basis, if instituted by the Sheriff and/or pursuant to an administrative investigation at any time during employment with the Dade County Sheriff's Office.

The undersigned also agrees to the release of any and all information obtained relevant to the drug testing and understands that refusal to participate and/or positive test results may be grounds for termination.

Signature

Date

Witness Signature

Date

DRIVING RECORD

Do you have a current driver's license: Yes: _____ No: _____

If yes, complete below:

State of Issue: _____ Date of Issue: _____

License Number: _____ Class: _____ Restrictions: _____

Do you have liability automobile insurance at the present time?

Yes: _____ No: _____

If no, explain: _____

Have you ever had a driver's license suspended, revoked or refused:

Yes: _____ No: _____

If yes, explain: _____

Have you ever been charged with driving under the influence of drugs or alcohol?

Yes: _____ No: _____

If yes, explain: _____

List all traffic citations within the past ten (10) years:

Violation: _____ Date: _____

Location: _____ Date: _____

Violation: _____ Date: _____

Location: _____ Date: _____

Violation: _____ Date: _____

Location: _____ Date: _____

Violation: _____ Date: _____

Location: _____ Date: _____

Violation: _____ Date: _____

Location: _____ Date: _____

Violation: _____ Date: _____

Location: _____ Date: _____

Do you have any traffic citations that have not been disposed of (fine paid, dismissed, etc.)?

Yes: _____ No: _____

If yes, explain: _____

Have you ever been involved, as a driver, in a motor vehicle accident?

Yes: _____ No: _____

If yes, explain: _____

CRIMINAL ACTIVITY

Have you ever been convicted for any criminal offenses? Yes: _____ No: _____

Charge: _____

Law Enforcement Agency involved: _____

Date: _____ Disposition: _____

Charge: _____

Law Enforcement Agency involved: _____

Date: _____ Disposition: _____

Charge: _____

Law Enforcement Agency involved: _____

Date: _____ Disposition: _____

Have you ever been convicted of any Domestic Violence related offenses: Yes: _____ No: _____

If yes, explain: _____

Have you ever tried or used marijuana: Yes: _____ No: _____

If yes, how many times? _____

When was the first time? _____

When was the last time? _____

Have you ever sold, delivered and or stored any illegal drugs? Yes: _____ No: _____

If yes, explain: _____

Have you ever used or experimented with any illegal drugs other than marijuana? Including, but not limited to PCP, THC, LSD, Mushrooms, Heroin, Cocaine, Crack, Quaaludes, Uppers, Downers, Methamphetamine, illegal Steroids, and/or other? Yes: _____ No: _____

If yes, complete below:

Drug: _____ Number of times used: _____

First time used: _____ Last time used: _____

Drug: _____ Number of times used: _____

First time used: _____ Last time used: _____

Drug: _____ Number of times used: _____

First time used: _____ Last time used: _____

Have you ever used prescription medication that was prescribed for another person?

Yes: _____ No: _____

If yes, complete below:

Medication: _____ Number of times used: _____

First time used: _____ Last time used: _____

Medication: _____ Number of times used: _____

First time used: _____ Last time used: _____

Medication: _____ Number of times used: _____

First time used: _____ Last time used: _____

Medication: _____ Number of times used: _____

First time used: _____ Last time used: _____

Do you drink alcoholic beverages? Yes: _____ No: _____

If yes, how many per week? _____

Have you ever lost a job due to a drinking problem? Yes: _____ No: _____

If yes, explain: _____

Have you ever been involved in any illegal activities associated with gangs, hate groups or groups dedicated to the overthrow of the government? Yes: _____ No: _____

If yes, explain: _____

Please list any civic organizations, clubs and or groups that you belong to:

SUPPORTING DOCUMENTATION

Attach a copy of your birth certificate to this page.

In lieu of a birth certificate copy, a valid Georgia Driver's license copy or one or more of the following documents may be accepted:

- Baptismal record
- Draft card
- Court Records
- Passport
- Citizenship Papers
- Armed Forces Discharge Papers (DD214)
- Certified copy of school records (transcripts)

Also attach to this page a copy of:

- Social Security Card
- Driver's License

SUPPORTING DOCUMENTATION

Attach a copy of your High School Diploma or G.E.D. certification to this page.

SUPPORTING DOCUMENTATION

This page is for applicants who have Law Enforcement Certifications.

Please attach copies of your Law Enforcement related Basic Certifications to this page.
(Examples: Basic Peace Officer, Jailer, etc.)

SUPPORTING DOCUMENTATION

This page is for applications who have served in the Military.

Attach copies of your Military Discharge or DD214 to this page.