

Dear Applicant:

Houston County Board of Commissioners is an Equal Opportunity/Affirmative Action employer and subject to certain reporting and affirmative action requirements. The information required on this insert is requested only so that we may meet our Equal Opportunity/Affirmative Action obligations. Your completion of this form is purely voluntary and will not, in any way, affect your consideration for employment. This insert will be separated from your application and will be separately maintained.

Thank you for your assistance.

Position: _____
(Job Title)

How were you referred:

Ad _____
Walk-In _____
Web-Site _____
Agency (Specify) _____
Employee (Who?) _____

Please select the appropriate information for each category:

1. Sex: _____ Male
_____ Female
2. Ethnicity/Race: _____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Hispanic
_____ Native Hawaiian or Other Pacific Islander
_____ White

Applicant's Last Name (please print) _____ First _____ Middle _____

No. & Street _____ City, State, Zip _____

Applicant's Signature _____ Date _____

Turn in completed application with the following:

- Credit History w/Score (must be at least 600)
- Birth Certificate
- High School Diploma or GED
- Copy of Driver's License
- DD 214 (if prior military)
- If certified, copy of POST training record

HOUSTON COUNTY APPLICATION FOR EMPLOYMENT

It is the policy of Houston County to select new employees and to promote current employees without regard to race, sex, religion, national origin, marital status or disability.

INSTRUCTIONS: You must answer all items on this application fully and accurately. The information that you give will be used in determining your qualifications and rating for employment. If an item does not apply to you, or if there is no information to be given, write the letters "N/A" for Not Applicable. **PRINT IN INK OR TYPE.** A resume may be attached **BUT WILL NOT** be accepted in lieu of this application. In order to be assured consideration for employment, your application must be received no later than the closing date of the vacancy announcement.

Position(s) Desired:			Date:
(1)	(2)	(3)	
_____ Full Time	_____ Part Time	_____ Temporary	Salary Desired: _____

PERSONAL DATA

Name:	Last	First	Middle	Social Security Number
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Address:	No. & Street	Apt. No.	City, State, Zip
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Telephone Numbers:	Are you between the ages of 17 and 70?
Home: _____ Business: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

U. S. Citizen or Permanent VISA
 Yes No If no, give work permit number: _____

Have you ever been convicted of a crime other than a minor traffic violation? (A conviction does not automatically exclude you from employment consideration <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on a separate sheet.	Do you have a relative working for the county? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name(s) and relationship.
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Have you ever been employed by Houston County? Yes No If yes, give dates, location and job classification: _____

Do you possess a valid motor vehicle Driver's License? Yes No Class _____ Lic No. _____

EDUCATION

	Name and Location	From Mo/Yr	To Mo/Yr	Highest Grade Completed	Did You Graduate	Type Degree	Major	Date Degree Obtained or To Be Obtained
High School								
College(s)								
(Other if Applicable)								
Graduate School								

MILITARY

Branch of U.S. Service _____ From Mo/Yr. _____ To Mo/Yr. _____ Rank _____

Major Duties: (Explain on separate sheet) _____

Honorable Discharge: _____ Yes _____ No (If no, explain on separate sheet)

Service Schools or special training (Explain on separate sheet) _____

Do you have a Reserve Obligation? _____ Yes _____ No (If yes, please describe) _____

EMPLOYMENT HISTORY: Please provide a complete employment history, listing all positions held, including **military** part-time, summer, and volunteer. It is most important that you provide exact dates of employment, exact title or position, and detailed description of duties. If you held more than one position with an employer, please treat each position separately. This information will help determine eligibility. If submitting a resume, complete all information except Job Duties.

Were you ever discharged or asked to resign from any position? Yes No May we contact your present employer? Yes No

(Begin with your present or most recent employer)

Name of Employer		Address	
Employment Dates (mo/yr)	Salary _____ hrs/wk	Name and Title of Supervisor	Telephone Number
from _____ / _____	Starting: \$ _____ per _____	Job Duties	
to _____ / _____	Present: \$ _____ per _____		
Position Title			
Reason for Leaving			

Name of Employer		Address	
Employment Dates (mo/yr)	Salary _____ hrs/wk	Name and Title of Supervisor	Telephone Number
from _____ / _____	Starting: \$ _____ per _____	Job Duties	
to _____ / _____	Present: \$ _____ per _____		
Position Title			
Reason for Leaving			

Name of Employer		Address	
Employment Dates (mo/yr)	Salary _____ hrs/wk	Name and Title of Supervisor	Telephone Number
from _____ / _____	Starting: \$ _____ per _____	Job Duties	
to _____ / _____	Present: \$ _____ per _____		
Position Title			
Reason for Leaving			

REFERENCES

List three references (NOT minors, relatives or former employers) who have known you well during the past few years.

NAME	ADDRESS	OCCUPATION	PHONE NO.	NO. YEARS KNOWN

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I CERTIFY that the information given by me in this application is true and complete to the best of my knowledge knowing that any false information, misrepresentation, or concealment of fact is sufficient grounds for my application to be rejected or, if employed, my employment terminated.

I UNDERSTAND AND AGREE that all information furnished in this application may be verified by the County. I further understand that any offer of employment may be revoked in the event a drug test, given by the County discloses information on me which is considered disqualifying. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the Houston County Government all information relative to my employment, education and character, and hereby release such individuals, organizations, and Houston County from any liability for any claim or damage which may result.

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 the 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

Sworn to and subscribed before me This ____ day of _____, 20____. _____ Notary Public My commission expires _____
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Date of inquiry: _____ Time of inquiry: _____ Operator's initials: _____

Purpose Code used: (check one)

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

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

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

Wanting Agency Name:	
Agency Telephone:	

Agency Designee Signature and Title Date

CULLEN TALTON
SHERIFF, HOUSTON COUNTY

202 CARL VINSON PARKWAY
WARNER ROBINS, GEORGIA 31088
478-542-2085/FAX 478-329-9715

Maj. Tommy Jackson
Chief Administrator

Capt. Clay Chambers
Patrol Commander

Capt. Matt Moulton
Chief Investigator

Wm. H. Rape, Jr. *Chief Deputy*

Maj. Brian Blanton
Chief Detention Officer

APPLICANT RELEASE AND HOLD HARMLESS AGREEMENT

I _____ hereby acknowledge that I am a Peace Officer applicant, or candidate for appointment or certification to a position as a Peace Officer in the State of Georgia, or for attendance at a basic training course required for such appointment and certification.

1. I hereby request that my former employers release to any Law enforcement agency requesting Employment-related information as defined in O.C.G.A. §35-8-8(c)(1) the following:

All written information contained in a prior employer's records or personnel files that relates to an applicant/candidate/peace officer's performance or behavior while employed by such prior employer, including performance evaluations, records of disciplinary actions, and eligibility for rehire. Such term shall not include information prohibited from disclosure by federal law or any document not in the possession of the employer at the time a request for such information is received.

2. In consideration of your providing such information to my prospective Law enforcement employer, I hereby forever release and agree to hold harmless and to defend from all liability for any claims, causes of action, or suits or charges by every former employer who provides such complete and accurate information about my employment to the requesting law enforcement agency in accord with O.C.G.A. §35-8-8(c)(2).

3. I understand that O.C.G.A. §35-8-8(c)(3) provides as follows:

Before taking final action on an application for employment-based, in whole or in part, on any unfavorable employment-related information received from a previous employer, a law enforcement agency shall inform the applicant/candidate/peace officer that it has received such employment-related information and that the applicant/candidate/peace officer may inspect and respond in writing to such information. Upon the applicant/candidate/peace officer's request, the law enforcement agency shall allow him/her to inspect employment-related information and to submit a written response to such information. The request for inspection shall be within five business days from the date that the applicant/candidate/peace officer is notified of the law enforcement agency's receipt of such employment-related information. The inspection shall occur not later than ten business days after said notification. Any response to the employment-related information shall be made by the applicant/candidate/peace officer not later than three business days after his/her inspection.

Applicant's Name- Please Print

Applicant's Signature

Sworn to and subscribed before me
This _____ day of _____, 20__

Notary Public

My commission expires _____

CULLEN TALTON
SHERIFF, HOUSTON COUNTY

202 CARL VINSON PARKWAY
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Chief Detention Officer

**AUTHORIZATION TO RELEASE INFORMATION, BACKGROUND
AWARENESS NOTICE AND PSYCHOLOGICAL EXAMINATION
RELEASE**

I understand that any appointment tendered to me will be contingent upon the results of a complete character and fitness investigation. I am aware that willfully withholding information or making false statements on this application will be the basis for refusal to hire or dismissal from the Houston County Sheriff's Office. This background investigation is required by State Law.

I further understand that as a part of the procedures of the Houston County Sheriff's Office, an investigative report may be whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable.

As I am an applicant for a position of _____ with the Houston County Sheriff's Office, I hereby authorize the release of any and all information in your files pertaining to my employment, credit, education, medical history, criminal history, or any other such information otherwise deemed confidential or privileged. This release is executed with full knowledge and understanding that the information is for the official use of the Sheriff's Office of Houston County, Georgia. A copy may be used in lieu of this original.

I hereby release you, your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages for 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. Should there be any question as to the validity of this release, you may contact me as indicated below.

I further understand that as a part of the processing of my application, I may be required to undergo a psychological examination and medical evaluation. I hereby voluntarily, without duress, coercion, promise, reward or immunity, submit to evaluation by means of this device, and I do hereby release, absolve and forever hold harmless the County of Houston, the Houston County Sheriff's Office, its servants, agents and employees, and anyone acting in its behalf, from any and all claims, demands or other damages from any matter, act or thing arising out of the aforesaid examination.

Signed: _____

Name (Typed or Printed)

Address: _____

Street Address

City State Zip

Telephone: _____

Date: _____

Witness: _____

Name Title

I UNDERSTAND that as part of your procedure for processing my application, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I understand that the COUNTY will notify me if my application is turned down due to any credit information obtained by the COUNTY. At this time, the COUNTY will supply me with the name and address of the person or agency giving the adverse information.

I HEREBY CERTIFY that the answers given by me to the foregoing questions and the statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application, or any supplements thereto, are cause for rejection of my application or discharge at any time during my employment. I voluntarily authorize my former employers, schools, and persons named herein to give information regarding me, whether or not such information is a part of their records. I hereby release said organizations or persons from any liability or damages whatsoever for issuing this information.

I UNDERSTAND that as a condition of employment, I may be required to pass an employment physical and any future physical examination required by the COUNTY. I understand that such employment is subject to the policies of the COUNTY and the passing of any required written, physical ability or skill examination. It is understood that the use of this form does not indicate that there are any position openings and does not in any way obligate the COUNTY.

Furthermore, I understand that this application will remain active for 60 days from date of signature. After that time, I must request by person, mail, or phone continued activation of this application or file a new one.

Signed: _____ Date: _____

Note: This application will be retained on file for 60 days.

Houston County is an Equal Opportunity Employer.

FOR OFFICE USE ONLY:

Date Hired: _____ Division: _____

Job Title: _____ Salary: _____