



**SPALDING COUNTY SHERIFF'S OFFICE  
APPLICATION & BACKGROUND INFORMATION BOOKLET**

**NOTE: ALL APPLICANTS MUST BE 18 YEARS OF AGE OR OLDER.**

**CONFIDENTIAL**



# SPALDING COUNTY SHERIFF'S OFFICE

*Darrell Dix, Sheriff*

**Tony Thomason, Chief Deputy**

**Job Application for Position:** \_\_\_\_\_

*This application is not an offer or contract for employment. The completion of this application or any other instrument does not stand as an agreement or promise to hire you. Any statement to the contrary by any employee not in writing is void. All information written in this application will be used only to determine the suitability and qualifications of the applicant for employment reasons. The application must be filled out completely. Include all documents requested.*

**Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **Apt #/Suite** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Drivers License #** \_\_\_\_\_ **State** \_\_\_\_\_

**All States Licenses Have Been Held** \_\_\_\_\_

**Email** \_\_\_\_\_ **OKEY (LE ONLY)** \_\_\_\_\_

**All States You Have Lived (Can Abbreviate)** \_\_\_\_\_

**All LE Agencies You have been Employed With** \_\_\_\_\_

**Spalding County Sheriff's Office Employee Who Referred You:** \_\_\_\_\_

### OPTIONAL:

*This information is used to determine if our equal employment opportunity efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. Responses to these questions are **voluntary**. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions. Thank you for helping us to provide better service.*

1. How did you learn about this position? (Check One):

- Facebook
- Spalding County Website
- Indeed
- Google
- Employee of Spalding County SO
- Job Fair
- Training
- Other Agency
- School or College
- Flyer
- Other \_\_\_\_\_

2. Ethnicity (Check One):

- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other \_\_\_\_\_
- Prefer Not to Say

3. Sex (Check One):  Male  Female  Other: \_\_\_\_\_

## Please Bring the Following Documents

- Birth or Naturalization Certificate
- Certified High School or G.E.D. Certificate
- Social Security Card (Color Copy)
- Valid Georgia Driver's License (Color Copy)
- Valid Automobile Insurance Card (If Applicable)
- Certified Dispositions from Court of Jurisdiction for **ANY PRIOR ARRESTS**
- Legal Documents for all name changes (Marriage Certificate, Divorce Decree, Court Orders)
- Military Discharge Certificate & DD-214 (Long Form) *If Applicable*
- Active Military (Includes Active Guard or Reserves) Letter of Good Standing from your Commander *If Applicable*

*Please note that if you cannot make copies and/or do not know how to obtain any of these documents the Sheriff's Office will help you obtain them. Please turn in what you can with this application.*

### Automatic Disqualifiers

- **Convicted Felon**
- **Convicted** of any crimes of moral turpitude (ex. Sexual Assault, Prostitution, Pimping)
- One DUI **conviction** within the previous five (5) years
- One reckless driving **conviction** within the previous five (5) years.
- One license revocation, withdrawal or suspension within the previous five (5) years. (*See Below*)
- Under 18 years of age.
- Two major **convictions** within the previous five (5) years, which include:
  - Failure to stop and/or report an accident.
  - Assault, manslaughter, or homicide arising out of use of a motor vehicle.
  - Driving without a valid license or while license is suspended or revoked (regardless of the reason).
  - Improper starting, speed contest, drag, or highway racing
  - Attempting to elude a police officer.
  - Possession of an open alcoholic beverage container or any illegal substance
  - Speeding 20 mph or more above the posted speed limit.
  - Speeding in excess of 80 mph.
  - Violation resulting in a chargeable accident.
- Three minor **convictions** within the previous three (3) years, which include:
  - Speeding less than 20 mph above the posted speed limit
  - Any other moving traffic violation

*A suspension for failure to pay child support or an insurance cancellation will not disqualify an applicant if the license is reinstated before the applicant is employed. A CDL disqualification will disqualify an applicant or employee only if (a) the person possessed a CDL at the time of the violation causing the CDL disqualification or (b) the period of disqualification is such that it would currently prevent an applicant or employee from obtaining a CDL at the time required by the County. An employee whose license is suspended for failure to pay child support or an insurance cancellation may not operate a County vehicle until the license is reinstated.*



# SPALDING COUNTY SHERIFF'S OFFICE

*Darrell Dix, Sheriff*

Tony Thomason, Chief Deputy

## CRIMINAL HISTORY & MOTOR VEHICLE RECORD INFORMATION CONSENT FORM

### All Applicants for Employment

I hereby give my consent for Spalding County Sheriff's Office to conduct a criminal history record check at any time prior to or during my employment. I understand that this consent is voluntary; however, I acknowledge that refusal to give this consent may have an adverse effect on my employment or continued employment.

I hereby give my consent for Spalding County Sheriff's Office to conduct a driver's license record check at any time prior to or during my employment. I understand that this consent is voluntary; however, I acknowledge that refusal to give this consent may have an adverse effect on my employment or continued employment.

### Special Notice to Applicants for Law Enforcement Positions

The passage of revisions to the Federal Omnibus Consolidation Appropriations Act of 1997 and its amendment to the Gun Control Act of 1968 makes it unlawful for any person convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition, including law enforcement personnel. There are no provisions in this law for exemptions.

Last Name		First		Middle	
Street Address			Apartment / Unit#		
City	State		ZIP		
Sex	Race	Date of Birth		Social Security No.	
Driver's License #		State of Issue		Expiration Date	
List all other States in which you have lived.					
List all other states in which you have held a driver's license:					
Electronic Signature:				Date:	
<p><b>By typing my name in the field above labeled "Electronic Signature" I am giving my consent electronically to the Spalding County Sheriff's Office to conduct a criminal history and driver's license check. This is for employment purposes only.</b></p>					
<p><b>SHERIFF'S OFFICE WILL COMPLETE THIS SECTION</b></p> <p>_____ Purpose Code J - Employment with Criminal Justice Agency (non-sworn)</p> <p>_____ Purpose Code Z - Employment with Criminal Justice Agency (sworn)</p>					

## Background Questions

### PERSONAL HISTORY DATA

Who lives with you and their relation? \_\_\_\_\_

List any other name(s) you have been known by including previous marriages, name changes, nicknames, and alternate spellings: \_\_\_\_\_

List all additional phone numbers: \_\_\_\_\_

Do you have any physical condition or handicap that may limit your ability to perform the job for which you are applying?  Yes  No Explain: \_\_\_\_\_

List any social media websites you use (Facebook, Instagram, Tik Tok...) and the associated screen name: \_\_\_\_\_

Are you willing to take a physical exam if the nature of the job for which you are applying requires one?

Yes  No Are you a US citizen?  Yes  No

Dependents: (list all persons and birthdate in your household who are living in your household) \_\_\_\_\_

Name (First)	(Last)	(Birthdate)	(Relationship)
_____	_____	_____	_____
_____	_____	_____	_____

Residence History for the last 5 years: \_\_\_\_\_

### EDUCATION

High School Diploma or equivalent  Yes  No College Degrees and school attended: \_\_\_\_\_

Have you ever had a POST (Law Enforcement) certification?  Yes  No Is it active?  Yes  No

### REFERENCES

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Comment: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Comment: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Comment: \_\_\_\_\_

### FINANCIAL HISTORY

Have you ever been a plaintiff or defendant in any lawsuit?  Yes  No

Are you engaged in a pending lawsuit at this time?  Yes  No

### PRIOR ARREST/CHARGES/ILLEGAL ACTIVITY

Have you ever been arrested and charged with any offense regardless of outcome?  Yes  No

If yes, please list \_\_\_\_\_

**PRIOR ARREST/CHARGES/ILLEGAL ACTIVITY CONT'D**

Have you ever been questioned in connection with any violation of the law?  Yes  No If yes, explain: \_\_\_\_\_

Could you be wanted by any law enforcement agency, foreign or domestic?  Yes  No If yes, explain: \_\_\_\_\_

In your own words, briefly describe how and what illegal activity you were involved in or a party to regardless of arrest, explain the circumstances: \_\_\_\_\_

In the area below please list any illegal substance (illegal in Georgia) regardless of where it was used that you have consumed at any time in your life, to the best of your knowledge.

(Substance Used) (Year First Used) (Year Last Used) (Approx. # of times Used)

**WORK HISTORY**

Have you ever worked for Spalding County before?  Yes  No If yes, explain: \_\_\_\_\_

Have you previously submitted an application for employment and been denied?  Yes  No If yes, explain: \_\_\_\_\_

Please list **ALL** of the jobs you have held in the last 10 years to include under the table and/or cash jobs. Start with your present job and go backwards, include all periods of time to include times of unemployment:

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Your Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Full Time  Part Time  Temporary  Voluntary  Unemployed

Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Your Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Full Time  Part Time  Temporary  Voluntary  Unemployed

Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Your Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Full Time  Part Time  Temporary  Voluntary  Unemployed

Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Your Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Full Time  Part Time  Temporary  Voluntary  Unemployed

Reason for Leaving: \_\_\_\_\_





# SPALDING COUNTY SHERIFF'S OFFICE

*Darrell Dix, Sheriff*

Tony Thomason, Chief Deputy

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Spalding County Sheriff's Office or to any authorized agent of a criminal justice agency or any private agency upon request of the Spalding County Sheriff's Office, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of any educational institution, financial or credit institution, including, but not limited to, records of loans, records of commercial or retail credit agencies, and other financial statements and records wherever filed; former employer, medical and psychiatric treatment and/or consultation from any hospital, clinic, private practitioner and the United States Veteran's Administration; complaints or grievances filed by or against me and the records and recollections of attorneys at law or any other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have ever 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 determining my suitability for employment by the Spalding County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning myself shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I also agree to pay any and all charges or fees incurred concerning this request and can be billed for such charges at the below listed address.

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

My signature certifies that all information provided herein is true, complete, and accurate to the best of my knowledge, and that no required information has been intentionally omitted.

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

\_\_\_\_\_  
Signature of Applicant (Include Maiden Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complete Address

Phone#: \_\_\_\_\_

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

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



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## MILITARY AFFIRMATION

I, \_\_\_\_\_, do hereby swear or affirm that I have never been enlisted nor served in any branch of the United States or in any foreign military service. I further swear or affirm that I have never served in any branch of the United States Reserve Forces or in any State National Guard.

My signature certifies that all information provided herein is true, complete, and accurate to the best of my knowledge, and that no required information has been intentionally omitted.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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



# SPALDING COUNTY SHERIFF'S OFFICE

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Tony Thomason, Chief Deputy

## AUTHORIZATION FOR THE RELEASE OF PERSONAL MILITARY INFORMATION

I, \_\_\_\_\_, do hereby authorize the National Personnel Records Center or any other custodian of my military records to release to any duly authorized agent of the Spalding County Sheriff's Office any and all information or photo copies of my military personal records. These records include, but are not limited to, copies of my undeleted DD-214, medical records, drug or alcohol information, report of separation, article 15's and/or non-judicial punishments or any other derogatory 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.

My signature certifies that all information provided herein is true, complete, and accurate to the best of my knowledge, and that no required information has been intentionally omitted.

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Race/Sex

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

\_\_\_\_\_  
Branch of Service

\_\_\_\_\_  
Date and Place Entered

\_\_\_\_\_  
Date and Place Discharged

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

\_\_\_\_\_  
Date



# SPALDING COUNTY SHERIFF'S OFFICE

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## TESTING NOTICE AUTHORIZATION AND RELEASE FOR SPALDING COUNTY EMPLOYMENT APPLICANT

I, acknowledge that I have applied for employment with Spalding County, Georgia, and I have been informed a substance abuse test is a requirement for this employment.

I agree to provide all necessary samples of body fluid and to otherwise cooperate in all respects with the collection and testing procedures.

I authorize the county physician or other entities performing or assisting the testing procedure to release the results of any substance abuse test to Spalding County.

I authorize Spalding County to receive and review the results of any substance abuse test.

I realize that failure to appear at the designated time or failure to take the test or to cooperate with the testing or collection procedure will disqualify me from further consideration for employment with Spalding County.

I have carefully read and understand this document.

My signature certifies that all information provided herein is true, complete, and accurate to the best of my knowledge, and that no required information has been intentionally omitted.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date



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## ACKNOWLEDGEMENT OF TERMS OF REIMBURSEMENT

This acknowledgement must be read and signed by any non-certified candidate for employment as Deputy with the Spalding County Sheriff's Office.

### **O.C.G.A. 35-8-22**

(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 acknowledgment 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.

My signature certifies that all information provided herein is true, complete, and accurate to the best of my knowledge, and that no required information has been intentionally omitted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date