

Office of the Sheriff

Jimmy McDuffie, Sheriff



Dear Applicant:

Attached is an application for employment with the Effingham County Sheriff's Office. Please fill it out completely and attach the following documents:

- A copy of your Birth Certificate.
- A copy of your Driver's License.
- A copy of your Social Security License.
- A copy of your High School Diploma or GED Certificate.
- A copy of your DD-214 Long Form (if applicable).
- Copies of any certificates of training in the area of law enforcement or security work.
- A copy of your Marriage License or Divorce Decree (if applicable).
- A certified 7 year driver history obtained from the Department of Motor Vehicles, at your own expense.

When you have completed the application and have all copies of the documents required please bring your application to the Effingham County Sheriff's Office at:

130 West First Street Ext.

Springfield, GA 31329

WITHOUT THE ABOVE DOCUMENTATION YOUR APPLICATION WILL NOT BE PROCESSED.

Applications will be held for a period of 6 months.

IMPORTANT NOTICE

IT IS TO YOUR ADVANTAGE TO BE ABSOLUTELY TRUTHFUL IN ANSWERING ALL QUESTIONS IN YOUR INTERVIEWS, ON YOUR APPLICATION, AND PERSONAL HISTORY STATEMENT. A MISSTATEMENT OF FACT OR THE OMISSION OF REQUESTED INFORMATION IS GROUNDS FOR **AUTOMATIC REJECTION**. WE HAVE FOUND IN THE PAST THAT SOME APPLICANTS HAVE BEEN REJECTED BECAUSE OF A MISSTATEMENT OR OMISSION WHERE THE FACT WHICH THEY ATTEMPTED TO HIDE WOULD NOT HAVE BEEN A REASON FOR REJECTION. WE ENCOURAGE YOU TO BE ABSOLUTELY TRUTHFUL IN THESE MATTERS.

INSTRUCTIONS AND INFORMATION

PLEASE READ CAREFULLY BEFORE BEGINNING

1. An investigation will be conducted by personnel in the Internal Affairs unit based on the information you provided in this application. It is critical that you fill out this application completely, truthfully, and accurately. At any point during the background investigation, or thereafter, it is found that you misrepresented, deliberately omitted, or falsified any information you will be automatically disqualified from further consideration.
2. It is imperative that you list any convictions to include a finding or a verdict of guilt, a plea of guilty, or a plea of nolo contendere in a criminal proceeding, regardless of whether the judgment of guilt or sentence is withheld or not entered thereon. This includes first offenders (OCGA 35-8-7.1).
3. Do not leave any blanks in this application. If a question or field does not apply to you, write "NA".
4. If you are a Georgia Certified Peace Officer registered with the Georgia Peace Officers Standards and Training Council (POST) please attach a copy of your basic certificate displaying your certification number.
5. The following situations **WILL** prohibit an applicant from serving as an employee of the Effingham County Sheriff's Office:
 - a. Conviction in any Court of a felony offense.
 - b. Conviction in any Court of a drug related offense.
 - c. Less than 21 years of age at time of appointment (Patrol only).
 - d. Any medical, physical, or mental condition which would prevent an applicant from satisfactorily performing assigned duties or complying with regulations of the Georgia POST Council.
6. The following situations **MAY** prohibit an applicant from serving as an employee of the Effingham County Sheriff's Office:
 - a. Any pending criminal action in any court.
 - b. A military discharge other than Honorable.
 - c. Seven or more points accumulated against a driver at the time of the application.
 - d. Not a citizen of the United States.
7. An applicant who has received an official pardon or other similar action for any offense or applicable condition as stated above is not obligated to disclose the offense or condition in this application. If, however, during the course of a background investigation facts are discovered regarding the offense or condition, the applicant may be required to produce proof of such pardon or action to remain in consideration for employment.
8. If you have any questions regarding this application, please contact the Sheriff's Office Training Unit at (912)754-3449.

Signature

Date

Notary Public

Date

Investigator Signature

Date

Notary Seal

PERSONAL INFORMATION

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Have you ever used any other name? Yes No

Have you ever legally changed your name? _____

If "Yes" what was your former name? _____

Phone Number: _____ Second Number: _____

How long have you lived at your current address? _____

Rent: Yes No Live with family? Yes No

Own: Yes No

Name of Landlord: _____ Phone Number: _____

Previous addresses, if less than 10 years at current address:

1. _____

2. _____

3. _____

4. _____

Current Email Address: _____

Have you ever filed an application with Effingham County Government Before?

Yes No If so, when and for what positions? _____

MILITARY SERVICE

Complete Military Service:

Branch of Service: _____ Active _____ Guard _____

Reserve _____

Service Number: _____ Dates of Service: _____

Highest Rank Attained: _____ MOS/Rating: _____

Honorable Discharge: Yes No If other than honorable explain on
separate sheet.

If you are a member of a Reserve or Guard Unit, specify the Branch and Unit.

Did you ever receive any type of reprimand or disciplinary action? Yes No

Court Martial? _____ AWOL? _____ Reduction in Rank? _____

Article 15? _____ Any other? _____

Name of your last supervisor: _____

Phone Number and Unit: _____

Formal Education

Highest grade of school completed? _____

Did you graduate from High School? Yes No

Dates Attended: _____

Name of High School: _____

City and State: _____

If you did not graduate from high school, do you have a GED Certificate?

Yes No Date Obtained: _____

Give the names and locations of any Colleges or Universities you have attended, also list the
major and/or area of study:

What is your highest year of college completed? _____ Degree Obtained: _____

What is your highest year of Graduate School? _____ Degree Obtained: _____

Do you have any special skills or training that would be helpful to you if you were selected for the position that you are applying for?

Do you read, write, or speak any foreign languages? Yes No

If so, please list them. _____

If you wear corrective lenses (glasses or contacts) and if you lost them in a scuffle with an inmate or suspect, could you still function?

Yes No

EMPLOYMENT HISTORY

List previous employment for the past ten years or back to your 18th birthday.

Name of Employer: _____

City/State: _____

Phone Number: _____

Dates of Employment: _____ to _____

Reason for Leaving: _____

Voluntary Resignation: _____ Termination: _____

Name of immediate supervisor: _____

Job title and duties: _____

May we contact this employer? Yes No

Name of Employer: _____

City/State: _____

Phone Number: _____

Dates of Employment: _____ to _____

Reason for Leaving: _____

Voluntary Resignation: _____ Termination: _____

Name of immediate supervisor: _____

Job title and duties: _____

May we contact this employer? Yes No

Name of Employer: _____

City/State: _____

Phone Number: _____

Dates of Employment: _____ to _____

Reason for Leaving: _____

Voluntary Resignation: _____ Termination: _____

Name of immediate supervisor: _____

Job title and duties: _____

May we contact this employer? Yes No

Name of Employer: _____

City/State: _____

Phone Number: _____

Dates of Employment: _____ to _____

Reason for Leaving: _____

Voluntary Resignation: _____ Termination: _____

Name of immediate supervisor: _____

Job title and duties: _____

May we contact this employer? Yes No