



# HEARD COUNTY SHERIFF'S OFFICE

11820 Highway 100 N  
Franklin, Georgia 30217  
706-675-3329



## EMPLOYMENT APPLICATION AND BACKGROUND QUESTIONNAIRE

**Applicant's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Primary Contact Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Position Applied For:** \_\_\_\_\_

Employment applications and background questionnaires will be reviewed when a position is available with the Heard County Sheriff's Office, and the applicant has met the minimum qualifications required for the position. All applications will remain on file for twelve months. After that period the applicant must complete another employment application and background questionnaire to be considered for a position.

When a position is available, the background investigator and review board will initially screen and interview applicants. The selected applicants will then move forward in the screening process as described in this packet to be considered for a position. Please be aware that sensitive areas of your background will be investigated during this process, and we encourage applicants to ask questions they may have about the position.

The successful candidate will be responsible for enforcing state laws and city ordinances, responding to emergencies and call for service, enforcing traffic regulations, and providing an officer presence within Heard County to maintain order. The candidate must possess good people skills, a professional work ethic, and work as a team member to carry out assignments in a fair and impartial manner.

The Heard County Sheriff's Office provides equal opportunity to all employees and applicants for employment without regard to race, color, creed, religion, gender, sexual orientation, national origin, age, disability, marital status, or status as covered veterans in accordance with applicable federal, state, and local laws.

## **INSTRUCTIONS FOR COMPLETING THE APPLICATION AND BACKGROUND QUESTIONNAIRE**

1. Fill out and return the application and background questionnaire, including names of supervisors, telephone numbers, addresses, duties, etc. A notation of “See Resume” or “See Attached” is not acceptable for leaving questions unanswered. Do not sign any portion of the application or background questionnaire where a notary is required, unless the notary is present to observe your signature. Several employees of Heard County are able to assist in completing forms requiring a notary of public; therefore, these can be completed upon final submission.
2. You will be asked to provide documentation for employment eligibility and for all minimum job requirements, such as driver’s license, high school diploma or GED certificate, Georgia Peace Officers Standards and Training Council certifications, etc. Applicants must successfully pass pre-employment drug testing and a background investigation, which will include information listed on the application, driving history, criminal history, and Peace Officers Standards and Training records, if applicable.
3. No application for employment or background questionnaire will be reviewed until a position is available. You will be notified by telephone or email for an interview, if you are selected as a candidate.
4. You may submit a copy of your resume along with the application for employment and background questionnaire. An incomplete packet or misleading information may disqualify you from consideration during our selection process.
5. Any person convicted for the first time of any criminal offense involving the manufacture, distribution, sale, or possession of a controlled substance, marijuana or a dangerous drug shall be ineligible for employment for a period of five years from the date of the most recent conviction.
6. An offer of employment for any position is contingent upon the successful completion of a pre-employment drug screen, satisfactory background investigation, psychological evaluation, medical examination, and physical fitness assessment, if applicable.
7. Return the completed packet and all indicated requirements to the Heard County Sheriff’s Office, during regular business hours of Monday through Friday from 8:00am until 5:00pm or via U.S. Postal Services to Heard County Sheriff’s Office, 11820 Hwy 100 N, Franklin, Georgia 30217.
8. Please do not fax or email your application for employment and background questionnaire, unless prior approval is granted by a member of the Heard County Sheriff’s Office.

# SHERIFF'S OFFICE CANDIDATE PERSONAL HISTORY STATEMENT

Using your own handwriting, legibly printing in ink, fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, enter "not applicable" or "N/A" in the space provided.

All statements are subject to verification and any incorrect statements or omissions may disqualify you from employment. Do not sign any portion of the application for employment where a notary is required, unless the notary is present to observe your signature.

## APPLICANT IDENTIFICATION

_____ Last Name	_____ First Name	_____ Middle Name
_____ Current Street Address		
_____ City	_____ State	_____ Zip Code
_____ Height	_____ Weight	_____ Hair Color
_____ Eye Color		
_____ Social Security Number		
(_____) _____ - _____ Primary Contact Number	Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/> _____	
(_____) _____ - _____ Secondary Contact Number	Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/> _____	
Have you ever had your name legally changed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, indicate the complete name and dates used, starting with the most recent.		
_____ Last Name	_____ First Name	_____ Middle Name
_____/_____/_____ From	_____/_____/_____ To	
_____ Last Name	_____ First Name	_____ Middle Name
_____/_____/_____ From	_____/_____/_____ To	
If additional names have been used, indicate them on the supplemental page at the end of the background questionnaire. Label the information as "Applicant Identification".		

**APPLICANT IDENTIFICATION (CONTINUED)**

Are you commonly referred to by a nickname or alias? Yes  No

If yes, indicate those in the provided space below.

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_  
d) \_\_\_\_\_ e) \_\_\_\_\_ f) \_\_\_\_\_

Do you have any scars, marks, and/or tattoos? Yes  No

If yes, indicate those that would be visible while wearing a police uniform.

Description _____	Location _____

Are you a Citizen of the United States? Yes  No

Are you:  Natural Born (Provide a copy of your Birth Certificate)  
 Naturalized (Provide original Naturalization Papers)

\_\_\_\_\_  
City of Birth

\_\_\_\_\_  
County of Birth

\_\_\_\_\_  
State of Birth

**MARITAL/FAMILY DATA**

Marital Status:  Single  Married  Divorced  Separated

If married, what is the full name of your spouse (Include maiden name)?

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Maiden Name Current Last Name First Name Middle Name

If married, are you living with your spouse? Yes  No

**RESIDENCE**

Beginning with your current address, list all addresses where you have lived during the past five (5) years and the dates you lived there.

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
From

\_\_\_\_\_  
To



### ADDITIONAL EDUCATION

University, college or other attended: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

Degree received: \_\_\_\_\_ Units completed: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
From To

University, college or other attended: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

Degree received: \_\_\_\_\_ Units completed: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
From To

List additional education on the supplemental page at the end of the background questionnaire.  
Label the information as "Additional Education".

### MILITARY SERVICE

Have you ever served in any branch of the United States Armed Forces? Yes  No

If yes, provide the following information:

Marines  Army  Navy

Coast Guard  Air Force  Other  \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
From To

\_\_\_\_\_  
Service ID Number

\_\_\_\_\_  
Highest Rank Held

\_\_\_\_\_  
Type of Discharge

Past commanding officers or military acquaintances can be sources of relevant information about your background. List at least one individual from your military career who know you well enough to provide accurate information.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name

First Name

Middle Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City

State

Zip Code

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home  Cell  Work  Other  \_\_\_\_\_

Primary Contact Number



**PERSONAL REFERENCES (CONTINUED)**

3) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home  Cell  Work  Other  \_\_\_\_\_  
Primary Contact Number

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home  Cell  Work  Other  \_\_\_\_\_  
Secondary Contact Number

4) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home  Cell  Work  Other  \_\_\_\_\_  
Primary Contact Number

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home  Cell  Work  Other  \_\_\_\_\_  
Secondary Contact Number

5) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home  Cell  Work  Other  \_\_\_\_\_  
Primary Contact Number

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home  Cell  Work  Other  \_\_\_\_\_  
Secondary Contact Number

## WORK HISTORY

Beginning with your current/most recent job, list all employment for the past ten (10) years. Include all law enforcement history, regardless of amount of time.

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Employer/Company Name

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Street Address

---

City

State

Zip Code

( ) -  
Employer/Company Contact Number

Supervisor's Name (Last, First)

( ) -  
Co-worker Contact Number

Co-Worker's Name (Last, First)

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Reason for Leaving

/ /  
From

/ /  
To

---

Employer/Company Name

---

Street Address

---

City

State

Zip Code

( ) -  
Employer/Company Contact Number

Supervisor's Name (Last, First)

( ) -  
Co-worker Contact Number

Co-Worker's Name (Last, First)

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Reason for Leaving

/ /  
From

/ /  
To

**WORK HISTORY (CONTINUED)**

\_\_\_\_\_  
Employer/Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_, \_\_\_\_\_  
City State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer/Company Contact Number

\_\_\_\_\_, \_\_\_\_\_  
Supervisor's Name (Last, First)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Co-worker Contact Number

\_\_\_\_\_, \_\_\_\_\_  
Co-Worker's Name (Last, First)

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
From

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
To

\_\_\_\_\_  
Employer/Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_, \_\_\_\_\_  
City State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer/Company Contact Number

\_\_\_\_\_, \_\_\_\_\_  
Supervisor's Name (Last, First)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Co-worker Contact Number

\_\_\_\_\_, \_\_\_\_\_  
Co-Worker's Name (Last, First)

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
From

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
To

**WORK HISTORY (CONTINUED)**

\_\_\_\_\_  
Employer/Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer/Company Contact Number

\_\_\_\_\_  
Supervisor's Name (Last, First)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Co-worker Contact Number

\_\_\_\_\_  
Co-Worker's Name (Last, First)

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
From

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
To

\_\_\_\_\_  
Employer/Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer/Company Contact Number

\_\_\_\_\_  
Supervisor's Name (Last, First)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Co-worker Contact Number

\_\_\_\_\_  
Co-Worker's Name (Last, First)

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
From

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
To

List additional Work History on the supplemental page at the end of the background questionnaire.  
Label the information as "Work History".

**ARREST, DETENTION, AND LITIGATION**

Have you ever been arrested, detained by police, or summoned into court? Yes  No

If yes, provide the following:

Agency Name	Alleged Crime
Case Disposition	/ / Date of Occurrence
Agency Name	Alleged Crime
Case Disposition	/ / Date of Occurrence
Agency Name	Alleged Crime
Case Disposition	/ / Date of Occurrence

List additional Arrest, Detention, and Litigation on the supplemental page at the end of the background questionnaire. Label the information as "Arrest, Detention, and Litigation".

**TRAFFIC RECORD**

Current Drivers License Number	/ / Expiration Date	State of Issue
List all states where you have held a drivers license or state identification card.		

Has your drivers license ever been suspended, revoked or canceled? Yes  No

If yes, provided the following:

Reason for Action	/ / Date	Location
Reason for Action	/ / Date	Location
Reason for Action	/ / Date	Location

### TRAFFIC RECORD (CONTINUED)

Have you ever been involved in a motor vehicle collision where you the at fault driver? Yes  No

If yes, provide the following:

City and State Accident Occurred	Investigating Agency	/ / Date
Provide Details		
City and State Accident Occurred	Investigating Agency	/ / Date
Provide Details		
City and State Accident Occurred	Investigating Agency	/ / Date
Provide Details		
City and State Accident Occurred	Investigating Agency	/ / Date
Provide Details		

To the best of your memory, list all traffic citations you have received as an adult and as a juvenile, excluding parking citations:

Issuing Agency	Offense
Disposition	/ / Date of Citation
Issuing Agency	Offense
Disposition	/ / Date of Citation
Issuing Agency	Offense
Disposition	/ / Date of Citation
Issuing Agency	Offense
Disposition	/ / Date of Citation

List additional Traffic Record information on the supplemental page at the end of the background questionnaire. Label the information as "Traffic Record".

**PERSONAL DECLARATION GENERAL**

Have you ever applied for employment with the Heard Conty Sheriff’s Office? Yes  No

If yes, provide the following:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Position Applied Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Position Applied Date

Are you currently a certified law enforcement officer in the State of Georgia? Yes  No

Are you currently under investigation or suspect that you will be subject to an investigation by the Georgia Peace Officers Standards and Training Council or any other state’s certification council?

Yes  No

If yes, provide details and state of investigation or suspected investigation:

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Are you willing to work eight (8) and twelve (12) hours shifts? Yes  No

Are you willing to work dayshift, nightshift, weekends, and all holidays? Yes  No

Are your willing to be on call for scheduled periods and appear in court? Yes  No

If no to any of these, explain:

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List additional information on the supplemental page at the end of the background questionnaire. Label the information as “Personal Declaration General”.

**PERSONAL DECLARATION CONTROLLED/ILLEGAL SUBSTANCES**

Describe in your own words, the frequency and extent of your use of intoxicating alcoholic beverages:

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Have you ever sold drugs or narcotics to anyone? Yes  No

If yes, explain fully and be specific:

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Have you ever given or furnished drugs or narcotics to anyone? Yes  No

If yes, explain fully and be specific:

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Declare if you have used or tried any of the substances below even once (excluding legitimate prescriptions). List any other controlled substances you have taken not listed below. You will be questioned on this information during your background interview later in the screening process.

Substance	Never Used (√)	Used (√)	Date First Used (Mo/Yr)	Date Last Used (Mo/Yr)	Total Times Used
Marijuana/Hash					
Amphetamines/Speed					
Methamphetamine					
Cocaine/Crack					
Heroin					
LSD					
PCP					
Barbiturates/Tranquilizers					
Hallucinogenics					
Ecstasy					
Inhalants					
Steroids					
Other Illegal Drugs:					
Other Illegal Drugs:					
Other Illegal Drugs:					

List additional information on the supplemental page at the end of the background questionnaire. Label the information as "Personal Declaration Controlled/Illegal Substances".

### MISCELLANEOUS QUESTIONS

Do you know of anything that might prevent you from obtaining the position you have applied for?

Yes  No

If yes, explain fully and be specific:

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Have you purposely omitted any information from your employment application, resume, this document, or any other documentation you have submitted?

Yes  No

If yes, explain fully and be specific:

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Were you able to understand all of the questions in this document?

Yes  No

If no, explain fully and be specific:

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### CANDIDATE CERTIFICATION

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the information I have provided in this application for employment, background questionnaire, and on any other additional documentation that I have attached or provided along with the employment application and background questionnaire.

I am fully aware that any such misrepresentation, omissions, or falsifications will be the grounds for immediate rejection of my application for employment and/or termination of my employment with the Heard County Sheriff's Office. Furthermore, I understand that my willful inclusion of false information could result in criminal prosecution as defined in O.C.G.A. 16-10-20 and/or 16-10-71.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



## REQUIRED ATTACHMENTS

The following items must be received prior to the application and background questionnaire being reviewed; otherwise, it will not be considered. Indicate these items are attached or have been completed by checking the appropriate box located beside the requested item. Any required copies can be obtained at the Heard County Sheriff's Office when the application and background questionnaire is submitted during normal business hours.

- Completed Employment Application and Background Questionnaire
- Copy of Current Drivers License
- Copy of Birth Certificate
- Copy of High School Diploma / GED Certificate
- Copy of P.O.S.T. Certification(s) (If Applicable)
- Copy of Military DD-214 (If Applicable)



# HEARD COUNTY SHERIFF'S OFFICE

11820 Highway 100 N  
FRANKLIN, GEORGIA 30217-0250  
Phone: (706) 675-3329 / Fax: (706) 675-0737  
www.heardcosheriff.com



Sheriff Ross Henry

## PERSONAL INQUIRY WAIVER AUTHORITY FOR RELEASE OF INFORMATION

To whom it may concern:

I respectfully request and authorize you to furnish the Heard County Sheriff's Office any information, including that of a confidential or privileged nature, you may have concerning me. This includes police records, court records, work records, school records, military records, credit and financial records, internet activity, medical and mental records. This information will be used to assist in determining my qualifications and fitness for employment with the Heard County Sheriff's Office.

Intending to be legally bound hereby, I release you, your organization, and others contacted from any liability or damage which may result from furnishing the information requested: Photostat copies of this authorization carry the same authority as the original.

I also authorize the Heard County Sheriff's Office to receive any criminal and/or driver history record information pertaining to me, which may be in the files of any State or Local criminal justice agency.

_____	_____
Printed Full Name	Applicant's Signature
Street Address: _____	
City: _____	State: _____ Zip: _____
Social Security Number: _____ - _____ - _____	Date of Birth: _____ / _____ / _____
Driver's License Number: _____	State: _____
Sex: _____	Race: _____

Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to he/she has full knowledge of its purpose and that he/she executed this instrument of his/her own free will and accord.

Subscribed and sworn to me in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY SEAL

\_\_\_\_\_  
Notary Public  
  
\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
My Commission Expires

