



OFFICE OF THE SHERIFF PUTNAM COUNTY, GEORGIA

www.putnamcountysheriff.org

HOWARD R. SILLS, SHERIFF

P.O. Box 3637
EATONTON, GEORGIA 31024
NLETS/GA1170000 TERM/PUTN
PHONE: (706) 485-8557
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NOTICE TO APPLICANTS

Any individual, who has been arrested or convicted of a felony under the laws of this State, the United States, or any other state, may not be considered for employment. Individuals who have prior arrests or convictions for certain misdemeanor offenses, or have extensive records involving violations of traffic laws may be disqualified as applicants. All persons employed by the office of the Sheriff must be approved for bonding purposes. Any person employed who may be required to operate a vehicle as part of their duties must be acceptable to the county's vehicle insurance carrier.

Applicants may be required to successfully pass a psychological battery test, polygraph examination, and drug screening. All persons employed by this office will be subject to random drug testing and periodic or specific polygraph examinations. All applicants for employment as jailers or deputy sheriffs, whose duties include enforcing the laws of this State will be required to successfully pass a physical agility test. Persons employed by this office may be required to successfully complete various training courses. Any person accepted for employment whose duties require them to carry firearms or other weapons will have to successfully complete firearms and weapons training and continued periodic qualification testing demonstrating proficiency with firearms and weapons. Background investigations are conducted on all applicants. A search for criminal history and driver's license records will be conducted on all applicants. Any person accepted for employment will also undergo a criminal search based on fingerprints.

Notice is hereby given that any person employed may be subject to shift work rescheduling at any time.

Pursuant to Georgia law, all employees of Office of the Sheriff are employees of the Sheriff, serving at the pleasure of the Sheriff. The tenure of a sheriff's employee is dependent not alone upon the will of the sheriff whose employee he/she is, and who may discharge him/her when he chooses, but also upon re-election of the sheriff.

Sincerely,

Howard R. Sills
Sheriff

I understand and acknowledge the terms of employment and application process as hereinbefore described.

Sworn to and subscribed before
me this ___ day of _____ 20__.

Notary Public

My Commission expires: _____

signature of applicant

printed name of applicant



APPLICATION FOR EMPLOYMENT

Position Desired: _____

Date: _____

PERSONAL HISTORY

NAME: _____

CURRENT ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NO. _____ SOCIAL SECURITY NO. _____

TELEPHONE Provider _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

Do you rent or own? _____

If rent, name of landlord: _____

Please list previous addresses where you have lived

EDUCATION AND TRAINING

High School or GED _____
(attach copy of certificate or diploma to this application)

Did you attend college or vocational school? _____
Did you graduate? _____ Degree obtained: _____
If Degree not obtained, how many hours of credit obtained? _____

EMPLOYMENT HISTORY

List in date order, your last three employers as follows:

EMPLOYER: _____

Employer's Phone Number: _____

Address: _____

From: _____ To: _____ Position Held: _____

Supervisor's Name: _____

Supervisor's Email Address: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Major work duties and responsibilities: _____

Reason for Leaving: _____

EMPLOYER: _____

Employer's Phone Number: _____

Address: _____

From: _____ To: _____ Position Held: _____

Supervisor's Name: _____

Supervisor's Email Address: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Major work duties and responsibilities: _____

Reason for Leaving: _____

EMPLOYER: _____

Employer's Phone Number: _____

Address: _____

From: _____ To: _____ Position Held: _____

Supervisor's Name: _____

Supervisor's Email Address: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Major work duties and responsibilities: _____

Reason for Leaving: _____

Please list all other employers and their phone numbers within the past 10 years.

_____	phone#
_____	phone#
_____	phone#
_____	phone#
_____	phone#

Have you ever been terminated from any employer? _____

If so, why? _____

Are you licensed to drive a vehicle? Yes _____ No _____

If yes, give license no. _____

If no, please be advised that a valid Georgia driver's license is required for employment with this agency.

If license is currently suspended, please state reason for suspension. _____

Please list by date and year **all** traffic citations issued to you in the past 5 years:

Have you ever been involved in a traffic accident? Yes _____ No _____

If yes, were you driving at the time of the accident? Yes _____ No _____

Were you at fault? Yes _____ No _____

Do you currently own a vehicle? Yes _____ No _____

If yes, list make and model. _____

Attach proof of insurance to this application.

Have you had a Ga. Drivers license ONLY during the past 5 years? Yes _____ No _____

If not, what other state issued you a drivers license? _____

Have you ever been arrested for any offense (including D.U.I.) other than minor traffic offenses?

Yes _____ No _____

If yes, please describe offense and circumstances.

Are you currently involved in any type of civil lawsuit? Yes__No____

If yes, please describe.

Please describe in your own words why you would be a benefit to the Putnam County Sheriff's Office.

Do you have any special skills, i.e. computer skills, typing, mechanical ability, etc., that would benefit our agency? Yes _____ No _____

If yes, list. _____

Have you ever been employed by another law enforcement agency? Yes _____ No _____

If currently employed with this agency, why do you desire to change departments?

Are you Georgia P.O.S.T. mandated?

Yes _____

No _____

Have you had experience in jail operations?

Yes _____

No _____

Have you had experience in radio dispatch?

Yes _____

No _____

Have you ever qualified with a firearm?

Yes _____

No _____

Are you a certified jailer?

Yes _____

No _____

Are you a certified communications officer?

Yes _____

No _____

Do you have any other law enforcement certifications (i.e. intoximeter operator, radar certification, TAC)?

Yes _____

No _____

Spouse's name and address (if different):

Name

Address

City

County

State

Zip

Former spouse's name and address:

Name

Address

City

County

State

Zip

Father's name and address

Name

Address

City

County

State

Zip

Mother's name and address

Name

Address

City

County

State

Zip

Minor children's names and addresses (if different)

Any other legal names you have used other than your current name and the time period it was used:

Have you ever served on active in the Armed Forces of the United States? _____

Branch of Service _____

Highest Rank _____

Serial# _____

Date and type of discharge _____

Indicate any foreign language you can speak, read or write:

Describe any special abilities, interests or hobbies:

PERSONAL REFERENCES

Give three references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults and who have known you well for the past five years.

Name

Address

Occupation

Home telephone

Business telephone

Name

Address

Occupation

Home telephone

Business telephone

Name

Address

Occupation

Home telephone

Business telephone

PHYSICAL ABILITY TEST WAIVER

I hereby attest that I am in good physical health and have no injuries nor illness that prohibits me from taking the physical ability test required by Howard R. Sills, Sheriff, Putnam County, Georgia.

I further state that I will not hold Howard R. Sills, Sheriff, Putnam County, Georgia, or Putnam County, or the Putnam County Sheriff's Department and any of the employees or members liable for any injury, accident, or death occurring to me during the administration of this test. I further understand that I will be required to perform physical exercise, including but not limited to sit ups, pushups, squat thrusts, trigger pulls with a weapon and a one-half mile run/walk.

Witness

Applicant

Sworn to and subscribed before me on

this ____ day of _____ 20____.

Notary Public

My Commission expires: _____

(Note: This form must be witnessed and notarized)

PUBLIC SAFETY APPLICATION NOTICE

I hereby acknowledge that all questions answered on this application are true and correct to the best of my knowledge and ability. I also understand that this application is for employment in a law enforcement related field. Since this is a public safety application, it is necessary for more personal information to be obtained so a background investigation can be completed. I further understand questions regarding age, sex, and race are necessary for accurate criminal histories and drivers license information to be obtained.

Sworn to and subscribed before me on

this ____ day of _____ 20____.

Applicant

Notary Public

My Commission expires:_____

(Note: This form must be notarized)

PERSONAL HISTORY RELEASE

I do hereby authorize the review of and full disclosure **of all records** concerning myself to Howard R. Sills, Sheriff, Putnam County, Georgia.

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; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law or of other counsel whether representing me or another person in my case, either criminal or civil, in which I presently have or have 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 Howard R. Sills, Sheriff, Putnam County, Georgia. I certify that any person or persons who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person or persons from any and all liability, which 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.

Dated: _____
Signature of applicant

Printed name of applicant: _____

Address: _____

Telephone No. : _____ Date of Birth: _____

Social Security No.: _____

Sworn to and subscribed before me

this ____ day of _____, 20 ____ .

Notary Public
My Commission expires: _____

(Note: This form must be notarized)

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the Putnam County Sheriff's Office to conduct an
Criminal Justice Agency
inquiry and receive any Georgia criminal history record information pertaining to me which may be
contained in the files of any state or local criminal justice agency in Georgia.

Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 90/180/_____ (circle one) days from 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 company.

Signature

Date

Date of inquiry: _____ Time of inquiry: _____ Operator's initials: ____
Purpose Code used: (check one)

<input type="checkbox"/>	Employment (E) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Public Records (P) - Provides <i>Georgia Felony Convictions</i> Only

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

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

Agency Designee Signature and Title

Date

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Georgia Driver's History Consent Form

Putnam County Sheriff's Office

I hereby authorize the _____
(fire department/law enforcement agency name)

to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Name (print)

Address

Sex

Date of Birth

Driver's License Number

Signature

Date

HIPAA PRIVACY AUTHORIZATION FORM

I authorize any and all healthcare providers to use and disclose the protected health information described below to the Putnam County Sheriff's Office.

This authorization for release of information covers all past, present and future periods.

I authorize the release of my complete health record, including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse.

This authorization shall be in force indefinitely unless revoked by me in writing. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

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

Dated: _____
Signature of applicant

Printed name of applicant/employee: _____

Address: _____

Telephone No. _____ Date of Birth: _____

Social Security No. _____

Sworn to and subscribed before me

this ____ day of _____, 20 ____ .

Notary Public
My Commission expires: _____

(Note: This form must be notarized)

CREDIT REPORT NOTICE TO APPLICANT

Under the provisions of the Fair Credit Reporting Act (Section 604(b)), you are hereby notified of the following:

As part of the pre-employment screening for the position which you have applied, a consumer credit report will be requested by the Putnam County Sheriff's Office. This report could be used in part to make a decision as to your suitability for the position for which you have applied.

If an adverse decision is made based in part or whole on your credit report, you will be furnished a copy of the report which was requested, along with a summary of your consumer rights. A copy of these documents will not be provided should you be rejected for reasons other than the credit report or should you be accepted for employment.

Before your credit report is requested, you must give your consent in writing. Your report will be requested listing you as a sole consumer. Joint reports will not be requested.

By affixing your signature to this notice, you acknowledge receipt of the same. This document is not an authorization for credit inquiry.

Signed this ____ day of _____, 20____.

Printed name of applicant

Signature of applicant

Witness

PUTNAM COUNTY SHERIFF'S OFFICE

AUTHORIZATION TO OBTAIN CREDIT REPORT

Under the provisions of the Fair Credit Reporting Act, you are required to give written consent prior to your credit report being requested and reviewed by a prospective employer. This document is such authorization.

As an applicant for employment with the Putnam County Sheriff's Office, I hereby give my full consent and authority to the Putnam County Sheriff's Office, their agents and assigns, to request and review a report of my credit, payment record, indebtedness, and any other data pertaining to my personal credit standing that may be on file with any and all credit reporting agencies. I understand that my credit report may be used in determining my suitability for the position for which I have applied.

I understand that should I be denied employment based on my credit report, I will be provided with a copy of the report as well as my consumer's rights.

The personal information I have provided to the Putnam County Sheriff's Office will be used in obtaining the report.

Last name	First name	Middle name
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Street address

City	State	Zip code
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Date of birth	Social Security #	Home phone#
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I certify that the information I have provided above is true and correct to the best of my knowledge.

Signature	Date
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ACKNOWLEDGEMENT

Official Code of Georgia 35-8-22. Reimbursement for peace officer's mandated or formalized training.

- (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 to 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.

Laws 1992, p. 1325, 2; Laws 2003, Act 66, 1, eff. July 1, 2003.

Applicant hereby acknowledges he has read and understood the terms of this Code

section, this _____ day of _____, 20____ .

Applicant/Employee

Witness

Applicant Release and Hold Harmless Agreement

I, _____, hereby acknowledge that I am a Peace Officer applicant, or a 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 employment 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's, candidate's, or 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)(5) 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, or peace officer that it has received such employment related information, and that the applicant, candidate, or peace officer may inspect and respond in writing to such information. Upon the applicant's, candidate's, or peace officer's request, the law enforcement agency shall allow him or her to inspect the employment related information and to submit a written response to such information. The request for inspection shall be made within five business days from the date that the applicant, candidate, or 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, or peace officer not later than three business days after his or her inspection.

Applicant Signature

Printed Name of Applicant

Sworn to before me this _____ day of _____, 20____ .

Notary Public

Signature of Notary

My Commission expires: _____