



Employment Application

Henry County Sheriff's Office

120 Henry Parkway, McDonough, GA 30253

Henry County Sheriff's Office is an Equal Opportunity and Drug Free Employer

Instructions: Read the application carefully. Print all answers by hand. All questions must have answers, if the question does not apply to you, enter N/A as the answer. Applications are to be returned to the Henry County Sheriff's Office before the published closing date. Carefully follow the Instructions for Submission on the last page of this application.

Must Include Position Applying For: (An application is required for each position)

PERSONAL DATA

Name: (Last)			(First)			(Middle)		
Address: (Street)			(City)			(State)		(Zip)
Home Telephone:	Other Phone:	Email Address (required):				Available Date:		
Are you at least 20 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Would you accept shift or night work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a U.S. Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have any relatives working for Henry County Government or Sheriff's Office? If Yes, List names, relationship and the department: Yes <input type="checkbox"/> No <input type="checkbox"/>								
Have you ever been or are you now employed with Henry County Government or Sheriff's Office? If yes, which department and dates employed: Yes <input type="checkbox"/> No <input type="checkbox"/>								
List your Tattoos that are visible while wearing a short sleeve shirt and/or with hair not covering ears or neck (tattoo design and size):								

EDUCATION

HIGH SCHOOL

Did you graduate from High School? Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Name:
If not, do you have a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	City, State
Check Highest Grade Completed: 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	
Specialty Courses:	

COLLEGE

Name and Location of College/University/Tech	Major Courses of Study	Semester/Qtr Hours Completed	Years Completed	Type of Certificate or Degree Received:

MILITARY SERVICE

Branch of Service:	Branch of Service:
Dates Served:	Dates Served:
Type of Discharge:	Type of Discharge:

LAW ENFORCEMENT CERTIFICATION

State Certified:	Type: Jailer <input type="checkbox"/> , Peace Officer <input type="checkbox"/>	State Certified:	Type: Jailer <input type="checkbox"/> , Peace Officer <input type="checkbox"/>
Date Certified:	Certification #:	Date Certified:	Certification #:

EMPLOYMENT HISTORY

Provide your employment history beginning with your present or most recent job. If you were self-employed, give firm name. Include any military or volunteer work. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and phone numbers for all employers are necessary.

A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

EMPLOYMENT #1 (Current or Most Recent)

Dates Employed (Mo/Yr) To	Company Name	Company Phone #	Starting Salary	Ending Salary
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Job Title	Company Address	Supervisor Name
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Duties & Responsibilities:

Reason for leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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EMPLOYMENT #2

Dates Employed (Mo/Yr) To	Company Name	Company Phone #	Starting Salary	Ending Salary
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Job Title	Company Address	Supervisor Name
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Duties & Responsibilities:

Reason for leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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EMPLOYMENT #3

Dates Employed (Mo/Yr) To	Company Name	Company Phone #	Starting Salary	Ending Salary
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Job Title	Company Address	Supervisor Name
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Duties & Responsibilities:

Reason for leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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EMPLOYMENT #4

Dates Employed (Mo/Yr) To	Company Name	Company Phone #	Starting Salary	Ending Salary
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Job Title	Company Address	Supervisor Name
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Duties & Responsibilities:

Reason for leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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DRIVING HISTORY				
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which State?	Restrictions?	Driver's License No.	Date of Expiration
Do you have a commercial driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which State?	Which Type?	Driver's License No.	Date of Expiration

SKILLS AND TRAINING		
TECHNOLOGY SKILLS: (Check the boxes below only if you have experience with these items for a minimum of 3 months)		
Operating Systems <input type="checkbox"/> MS Windows 10 <input type="checkbox"/> MS Windows 7 <input type="checkbox"/> Mac/Apple OS <input type="checkbox"/> Other	Word/Document Processing <input type="checkbox"/> Microsoft Word (version) <input type="checkbox"/> Docuware <input type="checkbox"/> Apple Doc <input type="checkbox"/> Other	Spreadsheets <input type="checkbox"/> Microsoft Excel (version) <input type="checkbox"/> Other
Social Media <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> LinkedIn <input type="checkbox"/> Reddit <input type="checkbox"/> Instagram <input type="checkbox"/> Other	E-Mail <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> On-line Email (version) <input type="checkbox"/> Other	Other Programs <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Microsoft Publisher <input type="checkbox"/> Internet Explorer <input type="checkbox"/> Others:
OTHER SKILLS		
Are you able to speak any other languages besides English (If yes, please list): Yes <input type="checkbox"/> No <input type="checkbox"/>		
What special skills, qualifications or certifications have you gained from former employers or other experiences which relate to the type of work for which you are applying?		

PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT
Please complete this section only if applying for a safety sensitive position.
I hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result having no evidence of prohibited drug use.
Print Name: _____ Signature: _____
Date: _____ (Your application will not be considered for employment unless this acknowledgement is completed and signed.)

GENERAL INFORMATION	
Can you submit legal verification of your right to work in the United States? (In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of or pleaded guilty or nolo to a felony or misdemeanor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, when: For what:	Where:

APPLICANT'S STATEMENT

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that this application is not a contract of employment. I further understand that should employment be offered, my employment and compensation may be terminated with or without cause at any time by either the Henry County Sheriff's Office or myself. I understand that submission of the application in no way assures me a position and that no Sheriff's Office representative has the authority to enter into any employment agreement with me contrary to the foregoing.

I understand that due to the duties of Sheriff's Office positions I may be required to that I take a literacy assessment and/or a physical agility assessment.

I understand that I may be required to take a polygraph examination.

Employment with the Henry County Sheriff's Office is contingent upon successfully passing a medical and physical examination (which will include a drug screening provided at no cost to the applicant/employee).

I understand that failure to submit a complete application may disqualify me from consideration for a position.

I understand that any untrue statement in the application may result in my dismissal at any time during my employment with the Sheriff's Office.

I authorize the release of high school and college transcripts, information concerning my previous employment and any information my former employers may have pertinent to the application and the employment procedures of the Henry County Sheriff's Office. I release all parties from all liability for any damage that may result from requesting, providing, processing, retaining or releasing any information about me. A photographic copy of this authorization shall be as valid as the original.

I understand resumes, COMPASS or ACCUPLACER test results, letters of reference, certificates, etc., submitted with the application become the property of the Henry County Sheriff's Office and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

I understand that disclosure of my Social Security number on this application for employment is voluntary, that this information is solicited pursuant to the employer's policies, and that it is intended to be used for the purposes of identification and tracking by the employer in employment transactions.

I understand that if selected for employment by the Henry County Sheriff's Office I will be required to swear to an Oath of Office and that I will serve at the pleasure of the Sheriff and can be terminated at any time without cause.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

Applicant's Signature: _____ **Date:** _____

The Henry County Sheriff's Office does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

HOW DID YOU HEAR ABOUT THIS POSITION?

- | | | |
|--|---|--|
| <input type="checkbox"/> Sheriff's Website | <input type="checkbox"/> Other Website: | <input type="checkbox"/> Friend/Acquaintance Name: |
| <input type="checkbox"/> County Job Board/Job Line | <input type="checkbox"/> Newspaper: | <input type="checkbox"/> Social Media: |
| <input type="checkbox"/> Other: | | |

INSTRUCTIONS FOR SUBMISSION

Return this completed application, your COMPASS or ACCUPLACER test results and other required documents in person or post marked U.S. Mail to the Henry County Sheriff's Office, or by email, as a PDF file, to mkehoe@co.henry.ga.us prior to the close of the published application submission date. Applications received after the closing date will NOT be included in this selection process and will only be retained for six months.



Henry County Sheriff's Office

Criminal Justice Employment Consent Form

I hereby give my consent for the Henry County Sheriff's Office to receive any Georgia or Triple I criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency. This also includes driver history information.

Full Name (print)						
Last	First	Middle	Maiden	Suffix		
Street Address						Apt #
City, State, Zip						
Date of Birth	Race	Sex	Social Security Number	Driver's License Number	State	
List all State's/Territories, in which you have lived, received a citation, been involved in an accident or had contact with Law Enforcement.						

I understand that by signing this form, I am giving the Henry County Sheriff's Office permission to periodically run additional background checks on me as a condition of my employment with them. No additional consent is required from me as long as I am employed with the agency. This authorization ends upon the termination of my employment with the Henry County Sheriff's Office.

Signature

Date

Notary Public Must Notarize This Form.

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

Signature of Notary Public

My commission expires



Henry County Sheriff's Office

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 HENRY COUNTY SHERIFF'S OFFICE whether the said records are of a public, private, or confidential nature, by any means requested by the HENRY COUNTY SHERIFF'S OFFICE.

The intent of this authorization is to give my consent for full disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial records and statements 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 internal investigative reports, background reports, polygraph reports and charts, efficiency rating complaints or other 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 any case, either criminal or civil, in which I presently have or have had an interest; and any other document or article of information deemed pertinent for the purpose of assessing my suitability for employment.

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 as a candidate for employment by the HENRY COUNTY SHERIFF'S OFFICE. I also certify that any person(s) who may furnish such information concerning me 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.

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

Applicants Name (PRINT)

Date of Birth

Applicants Signature

XXX-XX-
Last 4 Digits of Social Security Number

Applicants Address

City

State

Zip Code

Notary Public

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

Signature of Notary Public

My commission expires



Henry County Sheriff's Office

Peace Officer Information Release Form

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 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:

For purposes of this subsection, the term "employment related information" means 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, candidates, 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 Name (Print)

Signature

Notary Public

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

Signature of Notary Public

My commission expires