



**GLYNN COUNTY SHERIFF'S OFFICE
APPLICATION FOR EMPLOYMENT**

100 Sulphur Springs Road

Brunswick, GA 31520

Telephone: (912) 554-7600

Web Page Address: www.glynncountysheriff.org

INSTRUCTIONS AND INFORMATION

PLEASE READ CAREFULLY BEFORE BEGINNING

1. Please complete this application by printing or typing.
2. You will not be considered for employment if any of the following exist:
 - A. Conviction in any court for any felony offense
 - B. Conviction in any court for any drug related offense
 - C. Any pending criminal action in any court
 - D. Presently under investigation for any criminal offense by this or any other law enforcement or criminal justice agency
 - E. Less than 18 years of age
 - F. If you are not eligible to work in the United States
3. If you have any questions regarding this application, contact the Glynn County Sheriff's Office at 912-554-7170.
4. The following is a checklist for your convenience. We urge you to use it, as an incomplete application may not be processed. Upon completion of the application, refer to this checklist to make sure no information has been omitted.

- All questions are answered. Those not applying to me are marked "N/A" or "No".
- The application is signed, dated, and notarized. Our office has several notaries for your convenience.
- I have attached a copy of the following documents:
 - Recent Photograph
 - Copy of Birth Certificate
 - Copy of DD-214 (if applicable)
 - Copy of High School Diploma or State Issued GED*
 - Copy of Driver's License
 - Copy of Social Security Card

*If hired, an official high school transcript or official copy of GED test scores may be required before beginning employment.

**GLYNN COUNTY SHERIFF'S OFFICE IS AN EQUAL
OPPORTUNITY EMPLOYER**



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PERSONAL DATA

Last Name		First Name		Middle Name	
Present Address Street and Number City, State, Zip			How long have you lived there? Years Months		
Home Telephone Number			Email Address		
Cellular Telephone Number			Message Telephone Number		
Position Desired:			When are you available for work?		

BASIC BACKGROUND INFORMATION

List any other names which you have used and which will be necessary to verify your prior employment.	
If hired, can you provide proof that you are legally entitled to work in the U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO	If not, what steps must be taken for you to begin employment lawfully?
May we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, please explain.
Have you ever worked for Glynn County Board of Commissioners? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give dates and position.
Do you have any relatives working here? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give relationship and department.
Do you have any friends working here?	If yes, give department.
Do you have any commitments, including but not limited to, a non-compete or non-solicitation or confidentiality agreement with any current or former employer which may affect or restrict your employment or ability to perform the duties for which you are hired? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain:	

EDUCATION

Please list School Name:	Years Completed	Diploma/Degree	Course of Study or Major	List Degree, Specialized Training and Extra-Curricular Activities
Elementary	5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				



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**AUTHORITY TO RELEASE INFORMATION TO THE
GLYNN COUNTY SHERIFF'S OFFICE**

To Whom It May Concern:

I hereby authorize the Glynn County Sheriff's Office to obtain any information in your files pertaining to my employment and/or educational records, including but not limited to, academic achievement, attendance, athletic, and disciplinary records. I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Glynn County Sheriff's Office. Consent is granted for the Glynn County Sheriff's Office to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or their education institution, or other consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me at the address or phone number listed below.

I understand that my application will be subject to verification through a comprehensive background investigation, a part of which may be a polygraph.

Falsification and/or misrepresentation of facts during any phase of the employment process will be grounds for termination of applicant's employment process and/or dismissal.

FULL NAME: _____
(Signature)

FULL NAME: _____
(Print or Type)

SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____

CURRENT ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

NOTARY PUBLIC: _____
(Must have Signature and Seal)



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ATTACH BIRTH CERTIFICATE

This identification must show the full name and date of birth of the applicant. If the applicant is a naturalized citizen, copies of the naturalization papers are to be sent with the birth certificate.



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MILITARY SERVICE

**ATTACH MILITARY DISCHARGE OR DD-214 SHOWING TYPE OF
DISCHARGE HERE. IF NO PRIOR MILITARY SERVICE, PLEASE MARK
N/A BELOW**



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**ATTACH COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED
(Must be from an accredited school)**



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ATTACH COPY OF DRIVER'S LICENSE HERE

ATTACH COPY OF SOCIAL SECURITY CARD HERE

ATTACH RECENT PHOTOGRAPH HERE



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PREVIOUS ADDRESSES

List the information requested regarding all addresses at which you have resided within the past 15 years. Begin with most recent. Attach additional pages if necessary.

Address: _____ From/to _____

Own or Rent If rent, list landlord's name: _____

Landlord's address and phone: _____

Roommates: _____

Address: _____ From/to _____

Own or Rent If rent, list landlord's name: _____

Landlord's address and phone: _____

Roommates: _____

Address: _____ From/to _____

Own or Rent If rent, list landlord's name: _____

Landlord's address and phone: _____

Roommates: _____

Address: _____ From/to _____

Own or Rent If rent, list landlord's name: _____

Landlord's address and phone: _____

Roommates: _____

Address: _____ From/to _____

Own or Rent If rent, list landlord's name: _____

Landlord's address and phone: _____

Roommates: _____



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PUBLIC SAFETY EMPLOYMENT HISTORY

List any previous employment history you have had in the **Public Safety field**. Include Military Service if applicable. If no prior Public Safety Employment history, please mark N/A. Attach additional pages if necessary.

Name/Address/Phone Number of Employer

From mo/yr to mo/yr Position Supervisor

Reason for Leaving-Give Details

Beginning Pay Ending Pay

Name/Address/Phone Number of Employer

From mo/yr to mo/yr Position Supervisor

Reason for Leaving-Give Details

Beginning Pay Ending Pay

Name/Address/Phone Number of Employer

From mo/yr to mo/yr Position Supervisor

Reason for Leaving-Give Details

Beginning Pay Ending Pay



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PREVIOUS WORK HISTORY OTHER THAN PUBLIC SAFETY

List the names of your present or previous employers from at least the last 15 years in chronological order with present or last employer listed first. Include part-time and seasonal employment. Be sure to account for all periods of time, including any period of unemployment. If self-employed, give company name and supply business references. **DO NOT ANSWER "SEE RESUME."** Fill out this form completely. Incomplete or illegible applications will be rejected. Attach additional pages if necessary.

Name/Address/Phone Number of Employer

From mo/yr to mo/yr

Position

Supervisor

Reason for Leaving-Give Details

Beginning Pay

Ending Pay

Name/Address/Phone Number of Employer

From mo/yr to mo/yr

Position

Supervisor

Reason for Leaving-Give Details

Beginning Pay

Ending Pay

Name/Address/Phone Number of Employer

From mo/yr to mo/yr

Position

Supervisor

Reason for Leaving-Give Details

Beginning Pay

Ending Pay



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RELEVANT TRAINING

Describe any specialized training, qualifications, apprenticeships and extra-curricular activities which relate to the job for which you are applying.

Are you fluent in Reading Writing Speaking a language other than English? If yes, what language(s)

CERTIFICATIONS

List any professional certifications, designations, licenses or courses that may be applicable to the position for which you are applying. Include certifications, licenses and courses for CPR/First Aid, Firefighter, Police Officer, Communication Officer, Detention Officer, or Emergency Medical Technician. Also include any expired certifications or licenses. Attach additional pages if necessary.

Type of Certification, Course or License	State of Certification	Certification Date	Expiration Date

COMPUTER SKILLS

Please mark any of the following software programs you are fluent in using.

- Microsoft Word Microsoft Excel Microsoft Access PowerPoint
Microsoft Outlook Publisher WordPerfect Adobe
Other _____ Other _____
Other _____ Other _____

Check any of the following areas in which you have received specialized training:

- Typing Skills
Stress Management
Supervision/Management/Leadership
Customer Service/Dealing with Difficult People
Report Writing

Please give dates and details for any areas marked: _____



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CRIMINAL RECORD

List all felony and misdemeanor convictions, whether civilian or military below. Include DUI/DWI and no contest "nolo" convictions. Attach additional pages if necessary.

Crime	Court	Date
-------	-------	------

Disposition of case (dismissed, sentence, paid fine, probation)

Crime	Court	Date
-------	-------	------

Disposition of case (dismissed, sentence, paid fine, probation)

Crime	Court	Date
-------	-------	------

Disposition of case (dismissed, sentence, paid fine, probation)

Are any charges currently pending against you? YES NO

If you answered yes, please give details of pending charges. Attach additional pages if necessary.

TRAFFIC CONVICTIONS

Crime	Court	Date
-------	-------	------

Disposition of case (dismissed, sentence, paid fine, probation)

Crime	Court	Date
-------	-------	------

Disposition of case (dismissed, sentence, paid fine, probation)



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POSITION REQUIREMENTS:

This position may require you to:

Wear a uniform. Do you object to doing so? YES NO

Work a rotating shift. Do you object to doing so? YES NO

Work overtime. Do you object to doing so? YES NO

FINGERPRINT HISTORY:

If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answers will be checked with the F.B.I. and other agencies.

Agency: _____ Date: _____ Purpose _____

Agency: _____ Date: _____ Purpose _____

TERMINATIONS

Have you ever been fired from or permitted to resign employment for breach of trust, embezzlement, theft, or any other crime? YES NO

Have you ever been fired from or permitted to resign employment for abuse of authority or for any disciplinary reasons? YES NO

Please give details if "YES" was marked for above questions: _____

DRIVING INFORMATION

Do you have a current valid driver's license? YES NO

If yes, License Number _____ State _____ Expiration Date _____

Has your license ever been suspended or revoked? YES No

If yes, please explain: _____



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Do you have personal automobile insurance? YES NO

List all moving traffic violations in the last five years. Attach additional sheets if necessary.

Offense	Date	Location	Comments

PERSONAL REFERENCES

Give the names, addresses and telephone numbers of three (3) references that **are not related** to you and **are not previous employers**.

Name	Address	Telephone Number	How you Know Person



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APPLICANT'S STATEMENT

I understand that the Glynn County Sheriff's Office is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap, disability, or any other category protected by federal, state or local law.

I authorize former and present employers, work and personal references listed in the application, and any other individuals I may name, to give the Glynn County Sheriff's Office any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that my result from furnishing same to the Company. I also authorize the Glynn County Sheriff's Office to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I understand that the Glynn County Sheriff's Office reserves the right, to the extent permitted by law, to require drug or alcohol screening test of an applicant or an employee either prior to employment or any time during employment (as permitted by law) and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the Glynn County Sheriff's Office. I release the Glynn County Sheriff's Office from any and all liability and damages which may result or arise from any drug test or the provision of information in connection with such test.

I understand that I may be required, to the extent permitted by law, undergo a post-offer, pre-employment physical examination or psychological examination, and I hereby give my consent to such an examination.

I am fully aware and understand that, if hired, my employment is terminable at will until I become a non-probationary regular employee; that my employment is not for a definite period; and that any compensation is not for a definite period at any stated amount.

By my signature below I attest that the information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, incomplete, or unsatisfactory in any respect (as determined by the Glynn County Sheriff's Office in its sole judgment) I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

DATE: _____ APPLICANT'S SIGNATURE: _____

THIS APPLICATION WILL BE CONSIDERED "ACTIVE" FOR A MAXIMUM OF TWELVE (12) MONTHS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

ALL APPLICATIONS, RESUMES, LETTERS OF REFERENCE, ETC. SUBMITTED BECOME THE PROPERTY OF THE GLYNN COUNTY SHERIFF'S OFFICE AND WILL NOT BE RETURNED. ALL INFORMATION PROVIDED ON THE APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE UNDER THE GEORGIA OPEN RECORDS ACT.

DO NOT SIGN UNTIL YOU READ AND UNDERSTAND THIS STATEMENT.

Date: _____ APPLICANT'S SIGNATURE: _____

100 Sulphur Springs Road
Brunswick, Georgia 31520



Ron Corbett, Undersheriff
Telephone (912) 554-7600
Facsimile (912) 267-9171

E. Neal Jump Sheriff

BACKGROUND CHECK/DRIVER'S HISTORY CONSENT FORM

I, _____, do hereby authorize the GLYNN COUNTY SHERIFF'S OFFICE to receive any Georgia or Ill Criminal History Record AND any State's Driver's History pertaining to me, as authorized under State and Federal Law for individuals seeking employment with a Criminal Justice Agency. This consent is for a LAW ENFORCEMENT CRIMINAL HISTORY CHECK and will be used for the sole purpose of employment with the GLYNN COUNTY SHERIFF'S OFFICE.

Name: _____
FIRST MI LAST

Address: _____
STREET/APT.# CITY, STATE, ZIP

SEX RACE DOB SOCIAL SECURITY #

HEIGHT WEIGHT HAIR COLOR EYE COLOR

DRIVER'S LICENSE NUMBER STATE

List any State issued driver's license you have obtained in the past: _____

APPLICANT'S SIGNATURE DATE

Sworn to and subscribed before me this

_____ Day of _____, 20_____.

Notary Public, Glynn County, Georgia
My Commission Expires: _____

***** FOR OFFICE USE ONLY *****

GLYNN COUNTY SHERIFF'S OFFICE	
<u>DRIVER'S HISTORY</u>	<u>CRIMINAL HISTORY</u>
YES/NO Record as of: _____	YES/NO Record as of: _____
Signature: _____	Signature: _____