

Oglethorpe County Board of Commissioners
APPLICATION FOR EMPLOYMENT
SHERIFF'S OFFICE/ JAIL/ COMMUNICATIONS
THANK YOU FOR YOUR APPLICATION
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

THIS ORGANIZATION IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, SEX, AGE, HANDICAP, OR NATIONAL ORIGIN. A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY WILL AID US IN DETERMINING THE POSITION FOR WHICH YOU ARE BEST QUALIFIED. OGLETHORPE COUNTY HAS A DRUG FREE WORK ENVIRONMENT AND DOES HAVE A POLICY FOR RANDOM DRUG TESTING OF ALL EMPLOYEES.

PERSONAL

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ ALTERNATE #: _____

POSITION APPLYING FOR: _____

SALARY DESIRED: \$ _____ PER _____ YEAR _____ HOUR

DO YOU HAVE ANY PHYSICAL CONDITIONS WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING? ___ NO ___ YES IF YES, PLEASE DESCRIBE ANY ACCOMODATIONS YOU MAY REQUIRE: _____

ARE YOU AVAILABLE FOR: ___ FULL-TIME ___ PART-TIME ___ DAY ___ NIGHT ___ WEEKENDS

WILL YOU WORK (YES OR NO) _____ SHIFTS _____ ROTATING HOURS _____ MANDATORY OVERTIME

IF YOUR APPLICATION IS CONSIDERED FAVORABLY, ON WHICH DATE WILL YOU BE AVAILABLE FOR WORK?

HAVE YOU EVER BEEN EMPLOYED BY OGLETHORPE COUNTY? ___ YES ___ NO IF YES,
WHEN: _____ WHAT DEPARTMENT: _____

EDUCATION

SCHOOL NAME AND ADDRESS OF SCHOOL DATES ATTENDED DEGREES RECEIVED

HIGH SCHOOL _____

COLLEGE _____

OTHER _____

POST Certified _____ If yes, O-Key number _____ Date of Graduation _____

Attach printed transcript of your POST Training Record if you are certified.

HAVE YOU RECEIVED SPECIAL TRAINING IN THE MILITARY OR OTHER SPECIAL SERVICE WHICH YOU FEEL WOULD BENEFIT YOU ON THE JOB FOR WHICH YOU ARE APPLYING? ___ NO ___ YES IF YES, PLEASE EXPLAIN: _____

EMPLOYMENT RECORD

1. NAME OF EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ NAME/TITLE OF SUPERVISOR: _____
POSITION TITLE: _____
STARTING SALARY:\$ _____ ENDING SALARY _____

TYPE OF WORK/MAJOR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

2. NAME OF EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ NAME/TITLE OF SUPERVISOR: _____
POSITION TITLE: _____
STARTING SALARY:\$ _____ ENDING SALARY:\$ _____

TYPE OF WORK/MAJOR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

3. NAME OF EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ NAME/TITLE OF SUPERVISOR: _____
POSITION TITLE: _____
STARTING SALARY:\$ _____ ENDING SALARY:\$ _____

TYPE OF WORK/MAJOR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

4. NAME OF EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ NAME/TITLE OF SUPERVISOR: _____
POSITION TITLE: _____
STARTING SALARY:\$ _____ ENDING SALARY:\$ _____

TYPE OF WORK/MAJOR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

5. NAME OF EMPLOYER: _____ ADDRESS: _____
FROM: _____ TO: _____ NAME/TITLE OF SUPERVISOR: _____
POSITION TITLE: _____
STARTING SALARY:\$ _____ YEARLY ENDING SALARY:\$ _____ YEARLY

TYPE OF WORK/MAJOR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS: THE REQUESTED INFORMATION IS NEEDED FOR NATIONAL SECURITY LAWS, A BONA FIDE OCCUPATIONAL QUALIFICATION, BUSINESS NECESSITY OR OTHER LEGALLY PERMISSIBLE REASONS:

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? _____
PREVIOUS ADDRESS: _____

SEX: ___ MALE ___ FEMALE HAVE YOU EVER BEEN BONDED? ___ NO ___ YES

IF YES, ON WHAT JOB(S)? _____

DO YOU HAVE ANY RELATIVES WORKING FOR OGLETHORPE COUNTY? ___ NO ___ YES
IF YES, PLEASE LIST: _____

DO YOU HAVE A VALID STATE OF GEORGIA DRIVER'S LICENSE? ___ NO ___ YES
DL#: _____ EXPIRATION DATE: _____

DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE? ___ NO ___ YES
DL#: _____ EXPIRATION DATE: _____

PLEASE LIST EMERGENCY CONTACT: _____
EMERGENCY CONTACT NUMBER: _____ RELATIONSHIP: _____

LIST THREE CHARACTER REFERENCES:

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>	<u>TIME KNOWN</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

DECLARATION OF APPLICANT:

MY SIGNATURE BELOW CERTIFIES THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR FALSIFICATIONS IN ANY OF THE INFORMATION ON THIS APPLICATION. I AUTHORIZE INVESTIGATION OF ALL MY STATEMENTS ON THIS APPLICATION AND I UNDERSTAND THAT SHOULD AN INVESTIGATION DISCLOSE ANY MISREPRESENTATION OR FALSIFICATION, MY APPLICATION WILL BE REJECTED, OR IF ALREADY EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED.

SIGNATURE OF APPLICANT

DATE

CONSENT FORM

I HEREBY AUTHORIZE THE OGLETHORPE COUNTY COMMISSIONERS TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

FULL NAME PRINTED

ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SEX RACE

SIGNATURE

DATE

Explanation of Application Process for Sheriff's Office/ Jail / Communications

THE EMPLOYMENT PROCESS FOR A JOB AT THE OGLETHORPE COUNTY SHERIFF'S OFFICE IN FIELD OPERATIONS, THE JAIL OR IN COMMUNICATIONS IS AS FOLLOWS:

- COMPLETE APPLICATION FORM AND RETURN IT TO THE BOARD OF COMMISSIONER'S OFFICE
 - BACKGROUND CHECKS COMPLETED
 - RECORDS WILL OBTAINED AND REVIEWED
- APPLICANT WILL BE SET UP FOR AN INTERVIEW WITH A PANEL TO INCLUDE MEMBERS OF THE SHERIFF'S OFFICE AND ANY OTHER MEMBERS DESIGNATED
- APPLICANT WILL BE DRUG TESTED
- APPLICANT WILL PARTICIPATE IN A PERIOD OF WORK OBSERVANCE OR RIDE ALONG FOR THE POSITION THEY ARE APPLYING FOR
- APPLICANT WILL SUBMIT TO PSYCHOLOGICAL TEST
- APPLICANT WILL TENDER A LETTER OF PHYSICAL HEALTH FROM THEIR PHYSICIAN
- FINAL INTERVIEW WITH SHERIFF
- EMPLOYMENT WILL BE OFFERED OR DENIED

AT EACH POINT IN THE PROCESS, THE APPLICANT CAN BE DENIED.

Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principle Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

**Applicant Privacy Rights
Notification Signature Form**

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

Signature

Print Name

Date