



Upson County Sheriff's Office

DAN KILGORE
SHERIFF

235 AVIATION DRIVE • THOMASTON, GEORGIA 30286 • 706-647-7411

Applicant requirements:

Please attach to application the following:

- 18 yrs. or older for Jail Officer
- 21 yrs. or older for Deputy Sheriff
- Must have a High School Diploma or G.E.D.
- Be a United State Citizen (born or naturalized)
- Birth Certificate
- Possess a valid, current Georgia Driver's License.
- Military DD214
- Ability to attain Peace Officer Certifications
- Not prohibited by state or federal law from operating a motor vehicle;
- Must have a current working phone and transportation.
- Social Security Card

Applicant must successfully complete an IPMA-HR Assessment Test. Testing will be conducted at the Upson County Sheriff's Office at a date to be determined.

DISQUALIFICATIONS

Issues of prior misconduct, employee terminations, and non-felony arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer. Be truthful, as there are criminal consequences for withholding information on a governmental document.

Automatic basis for rejection:

Felony Conviction or Family Violence Offense

Currently under charge or indictment for any criminal offense or probation supervision

Convictions for Driving While Intoxicated (DUI) within the last 5 years

Conviction for crime of moral turpitude

Drivers History that prohibits insurability

Inability to qualify for Georgia Peace Officer Standards And Training Certification

Recent drug use or excessive drug use in the past

Dishonorable Discharge with any branch of the U.S. Military

County of Upson

APPLICATION FOR EMPLOYMENT



106 East Lee Street

Suite 110

Thomaston, GA 30286

706-647-7012

Last Name

First Name

Middle Initial

(Please Print)

Primary Job Classification(s) sought: _____

Name _____

Last

First

Middle

Address _____

Number _____

Street _____

City _____

State _____

Zipcode _____

Social Security Number _____

Home Telephone Number _____

Date of Application _____

Work Telephone Number _____

Have you filed an application here before? () Yes () No

If Yes, When? _____

Have you ever been employed here before? () Yes () No

If Yes, When? _____

Are you employed now? () Yes () No

May we contact your present employer? () Yes () No

Are you prevented from lawfully becoming employed

in this country because of Visa or immigration status? () Yes () No

(Proof of citizenship or immigration status may be required upon employment)

On what date would you be available for work? _____

Are you available to work () Full Time () Part-time () Shift () Temporary

Are you on a lay-off and subject to recall? () Yes () No

Can you travel if the job requires it? () Yes () No

Have you been convicted of a felony? () Yes () No

If Yes, please explain _____

Veteran of the U.S. military service? () Yes () No If Yes, Branch _____

Indicate what foreign languages you speak, read, and/or write.

	Fluently	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

(exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical Or Mental Handicaps.

Government contractors are subject to section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam era, and section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

() Handicapped Individual () Disabled Veteran () Vietnam Era Veteran

Signed _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Dates Employed		
	From	To	Work Performed
Address			
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed		
	From	To	Work Performed
Address			
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed		
	From	To	Work Performed
Address			
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed		
	From	To	Work Performed
Address			
Job Title			
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

Education

	Elementary	High	College/University	Graduate Professional
School Name				
Years Completed(circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	xxxxxxxxxxxxxxxxxxxx	_____	_____	_____
Describe Course of Study	xxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxx			
Describe specialized training, Apprenticeship, skills, and extra-curricular activities				

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all of the rules and regulations of Upson County if I am employed.

Date

Signature of Applicant

For Personnel Department Use Only

Arrange Interview	(<input type="checkbox"/>) Yes	(<input type="checkbox"/>) No
Remarks		
Employed	(<input type="checkbox"/>) Yes	(<input type="checkbox"/>) No
Date of Employment		
Job Title	Hr. Rate/Salary	Department
By	Name and Title	Date

THIS APPLICATION WILL ONLY BE CONSIDERED FOR VACANCIES EXISTING ON OR WITHIN SIXTY (60) DAYS AFTER IT IS FILED WITH THE PERSONNEL OFFICE OF UPSON COUNTY.

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, handicap, or any other legally protected status. As a governmental employer we comply with all regulations and affirmative action responsibilities.

The following information is required in order to comply with the permanent injunction referred to above:

APPLICANT'S FULL NAME: _____

APPLICANT'S SEX: Male Female

APPLICANT'S AGE: _____ Years

APPLICANT'S RACE: White Black Hispanic

American Indian/Alaskan Native

Asian/Pacific Islander

This information will be kept confidential and will only be utilized for the purposes required under applicable law.

**Upson County Sheriff's Office
Supplemental Employment Information**

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Date of Birth: _____ Race: _____ Sex: _____

1.) List all relatives employed with the Upson County Sheriff's Office:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Departmental Use Only:

Remarks:

2.) Personal References: (List names, addresses and phone numbers of three reference who are not relatives).

a.) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone#: () _____

Remarks: (Departmental use only)

b.) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone#: () _____

Remarks: (Departmental use only)

c.) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone#: () _____

Remarks: (Departmental use only)

3.) Credit References: (If possible please list names, addresses and telephone numbers of three active credit references within the last five years).

a.) Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone#: () _____

b.) Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone#: () _____

c.) Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone#: () _____

4.) Have you ever served in any branch of the U.S. Military? Yes _____ No _____

If yes, give branch, length of service, and discharge information.

Discharge Honorable: Yes _____ No _____

Do you have DD214 paperwork: Yes _____ No _____

5.) List all state in which you have lived:

6.) List all traffic citations, dates, and the court(s) dispositions.

7.) List all criminal offenses you have been charged with and the dispositions.

8.) Have you ever possessed or used illegal drugs? Yes _____ No _____

If yes, please explain:

9.) Have you ever consumed alcoholic beverages? Yes _____ No _____

If yes, please explain quantity and consumption frequency:

10. Requirements for employment with the Upson County Sheriff's Office consist of the following test and documentations: Are you will to provide and submit to upon request(s)?

a.) High School Diploma or G.E.D.	Yes _____	No _____
b.) Birth Certificate	Yes _____	No _____
c.) Valid Driver's License	Yes _____	No _____
d.) Military DD214	Yes _____	No _____
e.) Social Security Card	Yes _____	No _____
f.) Drug Screening	Yes _____	No _____
g.) Physical Exam	Yes _____	No _____

11. Can you type? Yes _____ No _____

12. Do you have computer skills? Yes _____ No _____

Under penalty of law, I hereby certify that the above information is true and correct to the best of my knowledge.

Applicant's Signature

Date

Personal History Consent

I do hereby authorize the review of, and full disclosure of all records pertaining to me, to duly authorized agent(s) of **Upson County Sheriff's Office**.

The intent of this authorization is to give my consent for full and complete disclosure of the records which may be in the files of any State or Local Criminal Justice Agency; educational institutions; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and U.S. Veterans 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 any case, either criminal or civil, in which I presently have or had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Upson County Sheriff's Office. I certify that any person(s) who may furnish such information pertaining to me shall not be held liable 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 will be valid as an original thereof, even though the said photocopy does not contain the original writing of my signature.

Name (Printed)	Social Security Number			
Maiden Name	Georgia Drivers License			
Address	Signature			
City	State	Zip	Date	
Date of Birth			Notary Public	Expire
Telephone Number			Date	Seal

I understand that this information may be obtained through the use of this waiver at any time during which my application or certification is maintained through the Upson County Sheriff's Office.

Revised 02/18/05

Gun Control Act Consent Form

(Use Purpose Code "J" for Law Enforcement Officers Employment and "E" for all others).

The passage of revisions to the federal Omnibus Consolidation Appropriations Act of 1997 and its amendment to the Gun Control Act of 1968 makes it unlawful for any person convicted of a "misdemeanor crime of domestic violence" to ship, transport, possess, or receive firearms or ammunition, including law enforcement personnel. There are no provisions in this law for Exemptions.

I hereby give my consent for a criminal history records check to be conducted. I understand that this consent is voluntary. However, I acknowledge that refusal to give my consent shall be grounds for an adverse effect concerning either a hiring decision or continued employment as a law enforcement officer.

Name: _____ Race: _____ Sex: _____

Date of Birth: _____ Social Security Number: _____

Signature: _____ Date: _____

Officer Disseminating History

Date

Revised: 02/18/05