



ATKINSON COUNTY OFFICE OF SHERIFF

David Moore, Sheriff

P. O. Box 157
20 Smith Avenue West
Court House Annex
Pearson, Georgia 31642

Office (912) 422-3611
Fax (912) 422-7467
atcoso@atkinson-ga.org
www.atkinsonsheriff.org

EMPLOYMENT APPLICATION

A DRUG FREE WORKPLACE AND EQUAL OPPORTUNITY EMPLOYER

Administrative Use ONLY

Date turned in _____

Reviewed Date _____

Reviewed By _____

Date of Application: _____

POST Certification (if applicable)

Certified Peace Office

Certified Jailer

Certified Prison Guard

POST certification number _____

PERSONAL INFORMATION

Name:

(Last) _____ (First) _____ (Middle) _____ (Maiden) _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone:

Home(_____) _____ Cell(_____) _____ Email _____

Social Security #: _____ - _____ - _____

Are you authorized to be employed in the United States? YES NO

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

Position Applied For:

Jailer Deputy Secretarial Other(Specify) _____

How did you learn of this available position?: _____

If hired, on what date will you be available to start work?: _____

Are you available to work any time of day? YES NO

Are you available to work flexible shifts? YES NO

Are you available to work any day of the week, even weekends? YES NO



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Do you have relatives working for Atkinson County Office of Sheriff? YES NO

If yes please give names and relationship: _____

List licenses/ certificates related to position applied for and provide copies of certificates if available: _____

Have you ever been arrested AND convicted for violating any law? YES NO
If yes furnish details as to dates, places, and nature of offense(s) and enalties: _____

EDUCATIONAL BACKGROUND

Do you have a P.O.S.T. # YES NO If YES provide # _____

Are you a certified Jailer or Deputy YES NO

Please list name and address of high school or technical school(s) attended.:

1. _____
Did you graduate YES NO What was highest grade completed? _____
Major/ Degree _____
2. _____
Did you graduate YES NO What was highest grade completed? _____
Major/ Degree _____
3. _____
Did you graduate YES NO What was highest grade completed? _____
Major/ Degree _____
4. _____
Did you graduate YES NO What was highest grade completed? _____
Major/ Degree _____

Describe special vocational or business courses you have taken which relate to the job for which you are applying: _____



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ALL APPLICANTS MUST POSSES A VALID GEORGIA DRIVER'S LICENSE

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

License # _____ Expiration Date ____/____/____ Class _____

Have you had any traffic violations in the past three (3) years? YES NO If YES indicate type of offense and dates: _____

I hereby direct the Department of Public Safety of Georgia or any authorized agency to release to Atkinson County Office of Sheriff an abstract of my driving record for the past three (3) year period to be viewed for use in processing my employment application and determining my suitability for employment.

Signature: _____ Date: _____

PRIOR WORK HISTORY

Employment History (Please cover employment for at least ten (10) years)

Employer: _____

Start Date: _____ End Date: _____

Job Title: _____ Salary: _____

Supervisor's Name: _____

List Duties: _____

Reason for Leaving: _____

Employer: _____

Start Date: _____ End Date: _____

Job Title: _____ Salary: _____

Supervisor's Name: _____

List Duties: _____

Reason for Leaving: _____



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Employer: _____
Start Date: _____ End Date: _____
Job Title: _____ Salary: _____
Supervisor's Name: _____
List Duties: _____
Reason for Leaving: _____

Employer: _____
Start Date: _____ End Date: _____
Job Title: _____ Salary: _____
Supervisor's Name: _____
List Duties: _____
Reason for Leaving: _____

May we contact your present employer? YES NO
(A "NO" answer will not harm your chances for employment)

REFERENCES

Personal Work References: Please list at least two most recent or current supervisors and a character reference which we have your permission to contact.

Name and Occupation: _____
Address: _____
Phone #: Home or Work _____ Cell _____

Name and Occupation: _____
Address: _____
Phone #: Home or Work _____ Cell _____

Name and Occupation: _____
Address: _____
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ADDITIONAL INFORMATION

List any special qualifications and skills (licenses, certifications, skills with machines, computers, office equipment, or tools, skills dealing with public, etc.) _____

Typing Speed _____ WPM Computer Experience YES NO

Explain: _____

Are you over age twenty one (21) years of age? YES NO

RETURN THIS APPLICATION ONLY TO ATKINSON COUNTY SHERIFF'S OFFICE



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APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY

(ASK FOR CLARIFICATION IF NEEDED)

The undersigned has applied for employment with Atkinson County Office of Sheriff and hereby authorized the Atkinson County Office of Sheriff to contact my current employers and former employers and references for the purpose of acquiring information regarding me. I hereby authorize such employers and references to supply such information verbally or in writing to the Atkinson County Office of Sheriff. In consideration for their furnishing such information, I hereby waive any and all claims against such current and former employers and references, which may arise from their furnishing such information. I understand the Atkinson County Office of Sheriff has a Substance Abuse Prevention Program which includes drug testing. I agree to comply with applicable County policy. I understand that once offered a position I will be required to complete a pre-employment medical physical and drug screening. I understand that once offered a position I may be required to pass a physical examination as a condition of continued employment. I certify that the answers given by me to all of the questions on the application are to the best of my knowledge and belief true and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if employed.

I AGREE THAT IF HIRED, THE ATKINSON COUNTY OFFICE OF SHERIFF OR I MAY TERMINATE MY EMPLOYMENT WITHIN A 90 DAY PERIOD WITH OR WITHOUT CAUSE. IF TERMINATED WITHIN 90 DAYS, I AGREE TO REIMBURSE THE ATKINSON COUNTY OFFICE OF SHERIFF FOR MY MEDICAL PHYSICAL AND DRUG TEST.

Signature of Applicant: _____ Date: _____



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CONSENT FORM

I hereby authorize the Atkinson County Office of Sheriff to receive any criminal history information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

PRINT CLEARLY

Full Name:

(Last) _____ (First) _____ (Middle) _____ (Maiden) _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: Male Female Social Security # ____ - ____ - ____

Date of Birth ____/____/____

Race:

- White- Not of Hispanic Origin
- Black- Not of Hispanic Origin
- Hispanic
- American Indian or Alaskan Native
- Asian or Pacific Islander
- Other (Please Specify) _____

Signature of Applicant: _____ Date: _____



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EMPLOYMENT APPLICATION FLOW DATA

Position _____

Information on sex, race, and ethnic background is being collected for record keeping and compliance with Federal Law. Your answers to these questions are **VOLUNTARY** and will only be used for statistical reporting purposes. Your voluntary reply will in no way affect your consideration for this or future chances of employment with this organization. Upon receipt of your application, this information will be removed from and kept separately from the application files and will not be used as a basis for making employment decisions. If you choose not to provide the information, a negative response is encouraged (Answer #1, check item #2, and return the form along with your application) your negative reply will be handled in the same manner explained above.

1. Full Name:

(Last) _____ (First) _____ (Middle) _____ (Maiden) _____

2. I choose to provide the information requested below.

I choose not to provide the information requested below.

3. Race:

White- Not of Hispanic Origin

Black- Not of Hispanic Origin

Hispanic

American Indian or Alaskan Native

Asian or Pacific Islander

Other (Please Specify) _____

4. Sex: Male Female

5. Age: _____

The Atkinson County Office of Sheriff is an equal opportunity employer and provides fair and equal employment opportunities to all applicants for employment and employees without regard to race, color, religion, natural origin, age, sex, or disability.