

BARTOW COUNTY SHERIFF'S OFFICE

104 ZENA DRIVE ★ P.O. BOX 476 ★ CARTERSVILLE, GEORGIA 30121

PHONE: 770-382-5050 ★ FAX: 678-721-3206

CLARK MILLSAP, SHERIFF



Application For Employment

BEFORE FILLING OUT THIS APPLICATION PLEASE READ OVER IT CAREFULLY. ANSWER EACH QUESTION AND EXPLAIN EACH ANSWER IN AS MUCH DETAIL AS POSSIBLE. ANY PERSON WHO INTENTIONALLY GIVES FALSE INFORMATION ON THIS APPLICATION WILL BE DISQUALIFIED FROM THE HIRING PROCESS AND COULD FACE CRIMINAL PROSECUTION. IF YOU HAVE A QUESTION OR NEED ASSISTANCE IN FILLING OUT THE APPLICATION WE WILL HELP YOU.

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN OR ANY OTHER LEGALLY PROTECTED STATUS.

Position(s) applied for _____

Date of application _____

Name _____

First

Middle

Last

List any alias names used (maiden name, nicknames, etc.) _____

Birth Date _____ Social Security Number _____

Address _____

Number

Street/Road

City

State

Zip

Home Telephone _____ Cell Phone _____

Email _____ Business Telephone _____

Are you willing to work shift work? (nights, weekends, holidays) ___ Yes ___ No

Do you object to wearing a uniform? ___ Yes ___ No

NON LAW ENFORCEMENT EMPLOYMENT HISTORY

Employment for the past 5 years (most recent first)

(1) Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Business Phone () _____

Employed From: _____ To: _____ Position: _____

Reason for Leaving: _____

(2) Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Business Phone () _____

Employed From: _____ To: _____ Position: _____

Reason for Leaving: _____

(3) Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Business Phone () _____

Employed From: _____ To: _____ Position: _____

Reason for Leaving: _____

LAW ENFORCEMENT EMPLOYMENT HISTORY

Are you certified as a Georgia Peace Officer Yes No

Cert. # _____ Academy name _____

Date graduated _____

Are you certified as a Georgia Jail Officer Yes No

Cert. # _____

Are you certified in another state as a Peace Officer Yes No

If so, give state and Cert. # _____

(1) Agency name _____ Sworn: Yes No

Agency Address: _____

Employed from _____ to _____

Reason for leaving _____

(2) Agency name _____ Sworn: Yes No

Agency Address: _____

Employed from _____ to _____

Reason for leaving _____

(3) Agency name _____ Sworn: Yes No

Agency Address: _____

Employed from _____ to _____

Reason for leaving _____

MILITARY SERVICE

Completed Military Service:

Branch: _____ Service Number _____

Dates of Service:

From: _____ To: _____

Character of Discharge: _____

If other than Honorable Discharge give detailed explanation _____

Are you a member of the National Guard or Reserve? Yes _____ No _____

If so, list Unit Name _____

Unit Address _____

Unit Telephone Number _____

Name of Commanding Officer _____

CRIMINAL RECORD

Non Traffic Offenses, Misdemeanor or Felony

Have you ever been arrested? Yes _____ No _____

If so, list each case below:

Crime	Jurisdiction	Date
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Traffic Offenses, Including Pleas of Guilty and Nolo

Have you ever been arrested? Yes _____ No _____

If so, list each case below:

Crime	Jurisdiction	Date
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Pending Charges or Indictments

If so, list each case below:

Crime	Jurisdiction	Date
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FORMAL EDUCATION

High School:

Name of High School: _____ Diploma: Yes No

School Address: _____

City: _____ State: _____ Zip: _____

Date of Diploma: _____

College, University, Professional, Vocational or Trade School:

Name of School: _____ Hours or Degree: _____

School Address: _____

City: _____ State: _____ Zip: _____

Date of Diploma: _____

Name of School: _____ Hours or Degree: _____

School Address: _____

City: _____ State: _____ Zip: _____

Date of Diploma: _____

GED: Yes No Testing Location: _____

Date of Completion _____

PERSONAL REFERENCES

Please list five personal references (not immediate family members)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

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Background Investigation Form

I hereby authorize: **Bartow County Sheriff's Office:** To receive any Georgia or III criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

Full Name (Print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (Check if applicable):

Employment with criminal justice agency – civilian (Purpose code “J”)

Employment with criminal justice agency- P.O.S.T. certified (purpose code “Z”)

One of the following must be checked:

This authorization is valid for 90 / 180 (circle one) days from the date of the signature.

I, (signature) _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.