Johnny Moats
Sheriff

Jamie Kirby
Chief Deputy

POLK COUNTY SHERIFF'S OFFICE

"For the People"

1676 Rockmart Highway – Cedartown, Georgia 30125
Phone: (770) 749-2900 – Fax: (770) 749-2178

INSTRUCTIONS: Using your own handwriting, legibly printing in ink fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number.

1. APPLYING FOR

Date: _____ ☐ Full-time ☐ Part-time ☐ Temporary

Position or Type of Work Desired: _____

Are you willing to work: ☐ Shifts? ☐ Saturdays? ☐ Sundays? ☐ Holidays? ☐ Overtime?

2. PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____

Name preferred to be called: _____

List all other names you have used and time periods you used them. (Ex: Maiden name, former name(s), alias(es), or nickname(s).

Name	Circumstance	Date From (Mo/Yr)	Date To (Mo/Yr)

Mailing Address: _____

Physical Address: _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail Address _____

Have you previously submitted an application with this agency? ☐ Yes ☐ No

Approximate Date: _____

Do you have any relatives that are currently employed at the Polk County Sheriff's Office? ☐ Yes ☐ No

If yes, whom and what relation? _____

3. EDUCATION

Are you a high school graduate? ☐Yes ☐No If you are not a high school graduate, do you have a GED? ☐Yes ☐No

High School Name: _____ Location: _____

College/University	Major Course of Study	Type of Degree

Job-Related Training and Course Work

List any skills, licenses, and certificates which are related to the job you seek (including words per minute typing speed and computer software proficiency.)

_____

_____

4. RESIDENCE

List addresses for the past 10 years, starting with present address:

From	To	Address	Landlord

5. WORK HISTORY

Describe your work experience in detail, beginning with your current or most recent job. All information in this section must be complete. A resume may be attached, but not substituted for completing this section.

Employer_____ Phone Number: (___) _____
Address _____
Date Employed:_____ Date Separated:_____ Total Time Yrs/Months _____
Position: _____ Name of Supervisor:_____
Beginning Salary_____ Ending Salary_____ May we contact this employer? ☐ Yes ☐ No
Job Duties (give details)

_____
Reason for Leaving

_____

Employer_____ Phone Number: (___) _____
Address _____
Date Employed:_____ Date Separated:_____ Total Time Yrs/Months _____
Position: _____ Name of Supervisor:_____
Beginning Salary_____ Ending Salary_____ May we contact this employer? ☐ Yes ☐ No
Job Duties (give details)

_____
Reason for Leaving

_____

Employer_____ Phone Number: (___) _____
Address _____
Date Employed:_____ Date Separated:_____ Total Time Yrs/Months _____
Position: _____ Name of Supervisor:_____
Beginning Salary_____ Ending Salary_____ May we contact this employer? ☐ Yes ☐ No
Job Duties (give details)

_____
Reason for Leaving

_____

NOTE: Using a separate sheet, explain in full any breaks in employment

Are you certified by the State of Georgia to be a Detention Officer/Police Officer? ☐ Yes ☐ No

If yes, where and when did you complete the Academy?_____

Are you now, or have you ever been, subject to a P.O.S.T. investigation? ☐ Yes ☐ No

Have you ever been denied employment by a Criminal Justice Agency? ☐ Yes ☐ No

If yes, list agency and details:_____

_____

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

Do you object to working nights? ☐ Yes ☐ No

Do you object to working rotating shifts? ☐ Yes ☐ No

Do you object to occasionally being away from home overnight and for other periods of time attending meetings, required training and otherwise performing official duties? ☐ Yes ☐ No

6. MILITARY SERVICE

Have you ever served in the Armed Forces of the United States? ☐ Yes ☐ No

If yes, what branch?_____

If yes, complete the following questions:

What is your service number? _____

What is the highest rank you held? _____

What was the date and location of your first entrance into active duty?

Date:_____Location:_____

What was the date and location of your last discharge from active duty?

Date:_____Location:_____

List all medals and decorations awarded to you during your military service:_____

_____

Are you presently a member of the National Guard or any Military Reserve? ☐ Yes ☐ No

If yes, give unit and location:_____

7. DRIVER'S INFORMATION

Can you operate a motor vehicle? ☐ Yes ☐ No

Do you possess a valid driver's license? ☐ Yes ☐ No

Driver's License Number:_____Issue Date:_____State:_____

Was your license ever suspended or revoked in any state? ☐ Yes ☐ No

If yes, give details:_____

Have you ever used or are you currently using marijuana, or any other illegal drugs, or abusing prescription medication? ☐ Yes ☐ No If yes, please explain and give date of last use: _____

_____

Have you ever been arrested? ☐ Yes ☐ No

If yes, please list dates and charge(s)_____

_____

Have you ever been convicted of a criminal offense? ☐ Yes ☐ No

Where convicted Date Disposition/Status

_____

_____

_____

_____

8. REFERENCES

Application **requires five references** with full information and who are not relatives or prior employers that can be contacted in regard to your suitability for employment with the Polk County Sheriff's Office.

1. Name_____ Address_____
   City, State, Zip_____ Phone Number_____
2. Name_____ Address_____
   City, State, Zip_____ Phone Number_____
3. Name_____ Address_____
   City, State, Zip_____ Phone Number_____
4. Name_____ Address_____
   City, State, Zip_____ Phone Number_____
5. Name_____ Address_____
   City, State, Zip_____ Phone Number_____

9. SOCIAL MEDIA

Please provide all social media account Profile Names and/or links for all Social Media Used:

Profile Name	Outlet	Link to page if applicable

Certification of Applicant: By my signature, I affirm, agree and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature_____ Date_____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Polk County Sheriff's Office to conduct an inquiry for the purpose
Agency/Company

listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address (Physical)			
Sex	Race	Date of Birth	Social Security Number

Signature

Date

DON'T WRITE BELOW THIS LINE ON THIS PAGE. – FOR PCSO USE ONLY

Date of Inquiry:_____ Time of Inquiry:_____ Operator's Initials: _____

Purpose Code Used:

	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

	No Criminal Record Available
	Criminal Record (Attached/Released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title

Georgia Driver's History Consent Form

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

Polk County Sheriff's Office

List Name of Law Enforcement Agency

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	
Address	
Sex	
Race	
Date of Birth	
Social Security Number	
Driver's License Number	

This authorization is valid for 90 days from the date of signature.

Signature _____ Date _____

DON'T WRITE BELOW THIS LINE ON THIS PAGE. – FOR PCSO USE ONLY

To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	

Date Results Provided	
Person Results Provided to	

National Data Exchange (N-DEx) Notice and Consent

I authorize any employee or representative of Polk County Sheriff's Office
criminal justice agency

to search the National Data Exchange (N-DEx) to obtain information regarding my qualification and fitness to serve as a Jail Officer / Deputy Sheriff
applicant position

I understand that N-DEx is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This national information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrest, booking, and incarceration reports; and probation and parole information. This release is executed with full knowledge, understanding, and consent that any information discovered in N-DEx may be used for the official purpose of conducting a complete employment background investigation. I also understand that any information found in N-DEx will not be disclosed to any other person or agency unless authorized and consistent with applicable law.

I release Polk County Sheriff's Office
criminal justice agency

from any liability or damage that may result from the use of information obtained from N-DEx.

Redress:

If employment is denied solely due to information obtained from N-DEx, and the applicant challenges the accuracy or completeness of those records, the denying agency shall provide the applicant with the contact information of the agency owning the information underlying the decision to deny. After receiving a written request from the applicant challenging the accuracy or completeness of the record used to deny employment, the record-owning agency shall then review the relevant information and advise the applicant in writing whether it has confirmed the accuracy or completeness of its records or whether the records will be corrected. If the applicant does not receive a response from the record-owning agency within 30 days from the date of the applicant's written request, the applicant may contact the FBI CJIS Division N-DEx Unit, 1000 Custer Hollow Rd, Clarksburg, WV 26306. The FBI shall forward the challenge to the record-owning agency for verification or correction. The record-owning agency shall then review the relevant information and advise the applicant in writing whether it has verified its records or whether the records will be corrected. Agencies should inform applicants of their responsibility to provide any corrected information to the denying agency that may assist the record owning agency in its research on behalf of the applicant.

Full Name (Print):					
Address:					
Sex:		Race:		Date of Birth:	
Social Security Number:					
Date:					
Signature:					

Release of Personal History

I hereby authorize any representative of the **Polk County Sheriff's Office** bearing this release, or copy thereof, to obtain any information in your files pertaining to me including, but not limited to, achievement, attendance, personal history, disciplinary records, credit records, criminal history records, training records, and educational records. I do hereby authorize a review of, and full disclosure of, all records, or any part thereof, concerning myself, by and to any duly authorized agent of the **Polk County Sheriff's Office**, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the **Polk County Sheriff's Office** to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, your organization, including its officers, employees, or related personnel, both individually and 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 of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the **Polk County Sheriff's Office**, regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.
For and in consideration of the **Polk County Sheriff's Office** acceptance and processing of my application for employment, I agree to hold the Polk County Sheriff's Office, its agents and employees, harmless from any and all claims and liability associated with my application for employment, or in any way connected with the decision whether or not to employee me with the **Polk County Sheriff's Office**. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

Signed this _____ day of _____, 20____.

_____ _____

Printed Name Signature (ONLY SIGN IN PRESENCE OF NOTARY)

NOTARY

State of _____

County of _____

Subscribed and sworn (or affirmed) before me on this _____ day of _____, _____

by _____.
(Applicant)

Seal

_____ _____

My Commission Expires: Signature of Notary Public

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.

Print Name	Signature	Date

CHECKLIST

Please make sure you have all the following required information and/or documents attached to this application packet when you return the complete application for employment. The application for employment will not be considered if it is incomplete. Please remove pages 10-14 for your records.

- ☐ Copy of Current Driver's License
- ☐ Copy of Birth Certificate
- ☐ Copy of DD-214, if applicable
- ☐ Copy of Proof of Educational Status (High School Diploma or GED Certificate)
- ☐ Copy of all P.O.S.T. Training Certificates, if applicable
- ☐ References: Complete, full names, addresses, and current phone number of five (5) non-relatives and non-employer references. Incomplete or invalid information is grounds for rejection of application.
- ☐ Any citations you have received. Provide date, location, and disposition.
- ☐ Complete Work History, Dates, Location, Supervisor, and Reason for leaving.
- ☐ List all addresses for past 10 years.

APPLICANT HIRING GUIDELINES

Sworn Deputies and Civilian Employees of the Polk County Sheriff's Office are representatives of the Sheriff and are accountable to the citizens they serve. They are responsible for protecting and serving the public and are trusted with substantial authority to carry out these responsibilities. The public has the right to expect that such authority and trust be placed in only those individuals of the highest caliber who have demonstrated by their conduct that they can uphold and enforce the law fairly and impartially within the scope of their authority.

In an effort to maintain an equitable standard for the hiring of applicants for the Polk County Sheriff's Office, the following minimum guidelines have been established. These guidelines are not all-inclusive but are among the principal factors to be considered in evaluating an applicant's candidacy. Candidates may be considered for disqualification for conduct which is not specifically outlined in these guidelines. Circumstances surrounding certain events within an applicant's background which may be considered disputable will be subject to examination by the hiring authority.

CRIMINAL HISTORY / ACTIVITY

FELONY CONVICTIONS- No felonies in lifetime

MISDEMEANOR CONVICTIONS- No more than two convictions in lifetime

DOMESTIC VIOLENCE- None in lifetime

EMPLOYEE HISTORY

TERMINATIONS

STABLE EMPLOYMENT- Applicants should have a stable employment history.

MILITARY HISTORY

CHARACTER OF DISCHARGE

DISCIPLINARY ACTIONS WHILE IN THE MILITARY

DRIVER'S HISTORY

DRIVING UNDER THE INFLUENCE- No more than one, not during the last five years.

SEVERE TRAFFIC CONVICTIONS

POLICE ACADEMY ENTRANCE EXAMINATION

ENTRANCE EXAM / PASSING SCORE- All applicants for the position of Deputy Sheriff must take and pass the Georgia Peace Officer Standards and Training Council Entrance Examination prior to consideration of employment by this agency.

PHYSICAL AGILITY TEST

JAIL OFFICERS	DEPUTY SHERIFF
DUMMY DRAG	VEHICLE PUSH
OBSTACLE COURSE	WALL CLIMB
STAIR CLIMB	BEAM WALK
¼ MILE RUN & CUFF	DUMMY DRAG
	STAIR CLIMB

PROBATION PERIOD

All new hire employees with the Polk County Sheriff's Office will be under a six(6) month probation period. If you do not meet the standards during this time, you will be terminated.

DISCLAIMER

The guidelines set forth as Hiring Standards by this agency are not to be considered conclusive. Each applicant's history / circumstances will be considered on a case by case basis.

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-recordinformation-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/obtainingcriminal-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