

Clayton County Sheriff's Department



Qualified applicants are eligible without regard to race, national origin, sex, creed, religion, age, or marital status.

BACKGROUND INVESTIGATION APPLICATION

Notice: Application must be typewritten or clearly printed in ink. ALL questions must be answered and accompanying documents received PRIOR to background investigation. If not applicable, indicate N/A. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

CHECK POSITION APPLYING FOR:

- Deputy Sheriff
- Dispatcher/Jailer
- Jail Administrator
-

PERSONAL HISTORY

A. Name in Full	B. Social Security Number	C. Birth Date
D. List all other names you have used. Include nicknames, maiden names, and previous married surnames.	E. Place of Birth	F. Are You a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
G. Email Address	H. Driver's License Number	I. Driver's License State

CONTACT INFORMATION

J. Current Mailing Address
Street Address, P.O. Box, Apartment Number
City, State, Zip Code

K. Permanent Mailing Address
Street Address, P.O. Box, Apartment Number
City, State, Zip Code

L. Phone Numbers
Home Cell Work Please list additional numbers we may need in order to contact you.

EDUCATION

High School: Highest Grade Completed: High school diploma or equivalent (GED)? Yes No

Name of School	Address	Dates Attended		Date Graduated
		From	To	

College/University: Number of Years Completed:

Name of School City, State	Field Of Study (Major and Minor)	Dates Attended	Credit Hours Completed	Degree Obtained

- A. If you are working toward a degree, please give the anticipated completion date
- B. Has any disciplinary action, including scholastic probation and dismissal, ever been taken against you during your academic career? Yes No
 If yes, name of school: Date:
 Type of action taken:
- C. List awards, honors, citations, athletic endeavors, and any other special recognition you received.
- D. List any special abilities, computer skills, special interests or hobbies.
- E. List languages in addition to English, including American Sign Language, that you either speak, write, or read fluently.
- F. If you are licensed or certified to practice a trade or profession, complete the following:
 Specialty: License issued by:

INTERNSHIPS

Name of Business	From	To	Work Supervisor
Address			Phone Number
Name of Business	From	To	Work Supervisor
Address			Phone Number

RESIDENCE HISTORY

List chronologically ALL of your residences in the past 10 years (include addresses while attending school if away from home, and all address including any off military base). If additional space is needed, please attach a separate sheet.

Dates		Street Address (Include Apt or P.O. Box Number)	City, State, Zip	County
From	To			

FINANCIAL RECORD

A. What is the total amount of your monthly financial obligations? \$	
B. Are monthly financial obligations kept current? If no, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Do you have any sources of income other than your salary? If yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>

COURT RECORD

D. List any and all arrests or violations, even if not formally charged, no court appearance, found not guilty, matter settled by payment of fine, or forfeiture of collateral. Include traffic citations but not parking tickets.

Date	Place	Charge	Final Disposition	Details

E. Has any member of your immediate family (spouse, parent, brother, sister, child) ever been arrested for any violation other than traffic offenses? Yes No
If yes, explain:

F. Have you ever been a plaintiff or defendant in any court action (including protective orders or divorce)?
Yes No If yes, please complete below:

Date	Place	Charge	Final Disposition	Details

SELECTIVE SERVICE/MILITARY RECORD

A. Have you ever: Registered with Selective Service, if applicable? Yes <input type="checkbox"/> No <input type="checkbox"/> Applied for a position with any branch of the Armed Forces of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Been rejected by any branch of the Armed Forces for any reason? Yes <input type="checkbox"/> No <input type="checkbox"/> Reason: Been inducted into any branch of the Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete B-I below. Served on active duty in any branch of the Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete B-I below.			
B. Dates of active duty	C. Branch of Military Service	D. Highest Rank Attained	E. Serial Number
to			
F. Type of Discharge	G. Date, Country, State DD-214 Form Recorded (provide a copy of your DD-214 with application)		
H. Member of Reserve/National Guard? Yes <input type="checkbox"/> No <input type="checkbox"/> Branch: _____ Location: _____			
I. Was any type of disciplinary action taken against you in the service? Yes <input type="checkbox"/> No <input type="checkbox"/> Nature of disciplinary action? _____			

ORGANIZATION MEMBERSHIP (Optional)

J. List any membership in any club, society or organization.			
Organization	City, State	Dates	Positions Held and Extent of Activity
		to	
		to	
		to	
		to	
		to	

VOLUNTEER ACTIVITIES

K. List any volunteer activities, including volunteer fire fighting, EMS, police or sheriff reserve, and civic activities.			
Organization	City, State	Dates	Positions Held and Extent of Activity
		to	
		to	
		to	
		to	
		to	

EMPLOYMENT

List your work experience, starting with the most recent. Include summer, part-time and temporary employment. If unemployed for a period of time, indicate such and provide dates of unemployment.

A. Name of Employer	Dates of Employment to	Salary \$
Address	Position and kind of work	
City, State, Zip	Name of Supervisor	
Telephone	Reason for Leaving	
B. Name of Employer	Dates of Employment to	Salary \$
Address	Position and kind of work	
City, State, Zip	Name of Supervisor	
Telephone	Reason for Leaving	
C. Name of Employer	Dates of Employment to	Salary \$
Address	Position and kind of work	
City, State, Zip	Name of Supervisor	
Telephone	Reason for Leaving	
D. Name of Employer	Dates of Employment to	Salary \$
Address	Position and kind of work	
City, State, Zip	Name of Supervisor	
Telephone	Reason for Leaving	
E. Name of Employer	Dates of Employment to	Salary \$
Address	Position and kind of work	
City, State, Zip	Name of Supervisor	
Telephone	Reason for Leaving	
F. Name of Employer	Dates of Employment to	Salary \$
Address	Position and kind of work	
City, State, Zip	Name of Supervisor	
Telephone	Reason for Leaving	
G. Name of Employer	Dates of Employment to	Salary \$
Address	Position and kind of work	
City, State, Zip	Name of Supervisor	
Telephone	Reason for Leaving	

RELATIVES

Provide complete names, including full middle names and complete addresses			
A. Father's Name		Employer	
Street Address		Employer Street Address	
City, State, Zip		Employer City, State, Zip	
Telephone	Birth Date	Occupation	
B. Mother's Name		Employer	
Street Address		Employer Street Address	
City, State, Zip		Employer City, State, Zip	
Telephone	Birth Date	Occupation	
C. Spouse's Name (include maiden name)		Employer	
Street Address		Employer Street Address	
City, State, Zip		Employer City, State, Zip	
Telephone	Birth Date	Occupation	
D. Child's Name		E. Child's Name	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Telephone	Birth Date	Telephone	Birth Date
F. Child's Name		G. Child's Name	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Telephone	Birth Date	Telephone	Birth Date

ADDITIONAL RELATIVES (BROTHERS, SISTERS, STEP-BROTHERS, STEP-SISTERS)

H. Relative's Name		Employer	
Street Address		Employer Street Address	
City, State, Zip		Employer City, State, Zip	
Telephone	Birth Date	Occupation	
I. Relative's Name		Employer	
Street Address		Employer Street Address	
City, State, Zip		Employer City, State, Zip	
Telephone	Birth Date	Occupation	

J. Relative's Name		Employer
Street Address		Employer Street Address
City, State, Zip		Employer City, State, Zip
Telephone	Birth Date	Occupation
K. Relative's Name		Employer
Street Address		Employer Street Address
City, State, Zip		Employer City, State, Zip
Telephone	Birth Date	Occupation

REFERENCES

Give three references (not relatives, present employers, or school teachers) who are responsible adults of reputable standing in their communities, preferable those who have known you well during the past five years. If retired, give former occupation.		
L. Complete Name	Occupation	Years Acquainted
Home Address, City State, Zip		Home Phone
Business Address, City State, Zip		Business Phone
M. Complete Name	Occupation	Years Acquainted
Home Address, City State, Zip		Home Phone
Business Address, City State, Zip		Business Phone
N. Complete Name	Occupation	Years Acquainted
Home Address, City State, Zip		Home Phone
Business Address, City State, Zip		Business Phone

SOCIAL ACQUAINTANCES

O. Complete Name	Occupation	Years Acquainted
Home Address, City State, Zip		Home Phone
Business Address, City State, Zip		Business Phone
P. Complete Name	Occupation	Years Acquainted
Home Address, City State, Zip		Home Phone
Business Address, City State, Zip		Business Phone
Q. Complete Name	Occupation	Years Acquainted
Home Address, City State, Zip		Home Phone
Business Address, City State, Zip		Business Phone

Clayton County Sheriff's Department



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Please indicate that you have read and that you understand each paragraph of the Authorization of Release of Personal Information by placing your initials beside each paragraph.

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized personnel of the Clayton County Sheriff's Office, whether the said records are of public, private, or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements or records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances files by or against me; and the 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 have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for attending law enforcement training. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information.

I HEARBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL) EVALUATION ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT OR ATTENDING THE ACADEMY TRAINING.

Signature of Applicant

Date