



Drug Free Work Place
OFFICE OF THE SHERIFF, PIERCE COUNTY, GA
 300 PIERCE INDUSTRIAL BLVD., BLACKSHEAR, GA 31516
 (912) 449-2011

RAMSEY BENNETT,
 SHERIFF

APPLICATION FOR EMPLOYMENT
(PLEASE PRINT LEGIBLY OR TYPE)

POSITION DESIRED _____

****YOU MUST HAVE ATTAINED A HIGH SCHOOL DIPLOMA OR GED BY A SACS ACCREDITED SCHOOL TO BE P.O.S.T. CERTIFIED****

This institution is an equal opportunity provider and employer. Pierce County is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state or local law. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <http://www.ascr.usda.gov/complaintfilingcust.html>, or at any USDA Office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested on the form. Send your completed complaint form or letter to us by mail at US Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Pierce County reserves the right, to the extent permitted by law, to require drug and alcohol screening test of an applicant or employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I understand that as a condition of employment by the County, I will consent to an alcohol and drug screen test. I understand that I must pass this screening test to obtain employment within the County. I consent to the release of the results of any such tests to the County or its designee. I release the County and its designee from all liability and damages that may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other County documents are not promises of employment. I understand that, if employed, my employment will be on a trial period for 6 months from the day of my hiring. I will remain an at-will employee thereafter; meaning that, I can terminate my employment at any time with or without cause and with or without advance notice, and that the County has a similar right. I understand that no department head, representative, or agent of the County has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing.

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that a false statement of fact on this application constitute grounds for refusal of employment and for dismissal should the falsity of the statement be determined following the date of my employment. I authorize the County to investigate my personal and employment history to determine my qualifications and fitness for the position applied.

I authorize former and present employers, work and personal references listed in the application, to give the County or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing it to the County. I also authorize the County to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

FULL PRINTED NAME: _____ **CONTACT#** _____

**THIS APPLICATION WILL BE CONSIDERED "ACTIVE" FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.
 I ATTEST THAT I HAVE READ AND UNDERSTAND THIS STATEMENT**

 DATE

 APPLICANTS SIGNATURE

DO NOT ANSWER "SEE RESUME".

Each inquiry on this application must be fully answered or completed. Otherwise, you will not be considered for employment.

PERSONAL DATA:

LAST NAME	FIRST NAME	MIDDLE NAME
PRESENT ADDRESS:		HOW LONG HAVE YOU LIVED THERE?
PREVIOUS ADDRESS:		HOW LONG DID YOU LIVE THERE?
TELEPHONE NUMBER (S)	SOCIAL SECURITY NUMBER	ARE YOU 18 YEARS OF AGE OR OLDER?
POSITION DESIRED: _____		PLACEMENT DESIRED: FULL-TIME PART-TIME
WHEN ARE YOU AVAILABLE FOR WORK? _____		OKEY #: _____

BACKGROUND INFORMATION

If hired, can you provide proof that you are legally entitled to work in the U.S.? _____

Have you ever been terminated or asked to resign from any job? _____

If yes, explain the circumstances _____

May we contact your current employer? _____ If no, explain. _____

Have you ever worked for Pierce County Board of Commissioners before? _____

If yes, give dates and position. _____

Do you have any friends or relatives employed by Pierce County BOC or its departments? _____

If so, please give name(s) and relationship _____

How were you referred to us? _____

Have you ever pled "no contest", nolo, or guilty to a crime, or been convicted of a crime? _____

Are any charges currently pending against you? _____ Has any adjudication ever been withheld? _____

(NOTE: Answering "yes" to these questions does not constitute an automatic bar to employment). If you answered yes to any of the preceding questions, please give dates and details:

Do you have any commitments to any other employer that may affect your employment? _____ If yes, please explain:

PREVIOUS EMPLOYMENT

List any other names that you may have used for previous employment, which may be necessary to verify prior employment:

Please list the names of your present or previous employer in chronological order with present employer first.
 Include part-time and seasonal employment. If self-employed, give names and business references.
Please explain any gaps in your employment history. Be sure to include periods of unemployment and military service.

Employer 1:	Dates Employed:	Work Performed:
Supervisor and Contact #	Starting and Final rate of Pay:	Reason for leaving:
Employer 2:	Dates Employed:	Work Performed:
Supervisor and Contact #	Starting and Final rate of Pay:	Reason for leaving:
Employer 3:	Dates Employed:	Work Performed:
Supervisor and Contact #	Starting and Final rate of Pay:	Reason for leaving:
Employer 4:	Dates Employed:	Work Performed:
Supervisor and Contact #	Starting and Final rate of Pay:	Reason for leaving:

Are additional previous employers listed on a separate page and attached to this application? YES NO

References – Please List 3 Professional References:

_____	_____	_____
Name	Address	Telephone #
_____	_____	_____
Name	Address	Telephone #
_____	_____	_____
Name	Address	Telephone #

DRIVING INFORMATION

Do you have a valid driver's license? ____ Has your license ever been suspended or revoked? ____ . If yes, explain:

Have you ever been convicted, pled guilty or pled nolo to a charge of DWI or DUI? ____ If yes, explain:

Please list all moving traffic violations in the last three (3) years:

OFFENSE	DATE	LOCATION	COMMENTS

EDUCATIONAL INFORMATION

School Name	Years Completed	Diploma/Degree	Course of Study or Major	Specialized Experience, Training, Skills, and Extra-Curricular Activities
High School				
College/University/Technical				
Graduate/Professional				

Note: You must have a HS diploma or GED from a SACS Accredited school to be P.O.S.T. certified.

List any professional designations, certifications, or licenses that may be applicable to the position for which you are applying:

Please describe any other experience you may have which would be relevant to the job for which you are applying:

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Georgia Driver's History Consent Form

I hereby authorize the _____
(fire department/law enforcement agency name)

to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Name (print)

Address

Sex

Date of Birth

Driver's License Number

Signature

Date

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize PIERCE COUNTY SHERIFF'S OFFICE
to receive any Georgia criminal history record information pertaining to me which may be in the
files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with firefighter agency, public/private agency, licensing, adoption/foster parents, individual record, public housing (Purpose code 'E')

One of the following must be checked:

- This authorization is valid for 90/180/____ (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.