



The Application Process

The Background Investigation:

After you complete the preliminary background forms, the application, sign all waivers and provide necessary documentation, we will conduct a background investigation which, depending upon the type of position applied for, may include psychological, integrity, physical, efficiency, polygraph, and other job-related testing to determine if you have the abilities, character, traits and skills necessary to perform the essential functions of the job.

Application Board:

Applicants that successfully complete the initial background investigations will be interviewed by an Application Board. This board is made up of members of the Sheriff's Office and usually is members of the particular division the applicant has applied for. This board will make recommendations to the Sheriff rating all the applicants.

Conditional Offer of Employment:

Based on the recommendations of the Application Board and the results of your background investigation, the Sheriff will make a conditional offer of employment only to those considered to be the "best qualified". Those not selected will be so advised by mail. **Please do not call the Sheriff's Office to "check the status" of your application. If you are to be interviewed someone will contact you.**

Medical Examination:

Following a conditional offer of employment, you are required to complete a confidential post-offer medical examination and drug screening. Depending of the findings of the medical personnel you may be required to complete further testing or evaluations. Reasonable accommodations for otherwise qualified disabled applicants will be fully considered.



Mitchell County Sheriff Office

4815 Hwy. 37 East
P.O. Box 28
Camilla, Ga. 31730
229-336-2030

www.mitchellso.com

Application for Employment

The Mitchell County Sheriff's Office is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, age, national origin, religion, sexual orientation or physical/ mental disability (except where physical /mental requirements constitute a bona fide occupational qualification).

Position Applying for: _____ Date of Application: _____

*Please note that all applications will be kept on file for 6 months and then destroyed.

Name: _____

Last Name

First Name

Middle

Maiden

Give any other names you have used including nick names or "street" names:

Address: _____

Number

Street

Apt.

City

State

Zip

Phone numbers: Home: _____ Cell number: _____ Other _____

Social Security Number: _____ Date of birth: _____

Location of birth: _____ Are you a U.S. Citizen? () yes () no

Do you have a valid Georgia Driver's License? () yes () no License number: _____

Are you currently P.O.S.T. certified in the State of Georgia? () yes () no

If yes, what certification: () jailer () Corrections () Dispatcher () Law Enforcement

If so what is your OKEY number: _____

Have you ever served in the U.S. Military? () yes () no Active Reserve: () yes () no

If so what branch: _____ Type of discharge: _____

Have you ever been arrested? () yes () no

If so, for what _____

Have you ever been convicted of a domestic violence charge? () yes () no

Are you currently under any sentence of probation or parole? () yes () no

Are you currently employed? () yes () no If yes may we contact the employer? () yes () no

Can you travel if the job requires it? () yes () no If no, give reason(s): _____

If given a conditional offer of employment when could you start: _____.



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Education

Name and Address Of School	# Years Attended	Diploma or Degree
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High School

College or other

Please list any foreign languages you can speak, read and or write:

Please describe any specialized training, skills or extra curricular activities that may benefit your ability to do the job applied for:

Do you feel that you have any limitations that would prevent you from performing the duties of the position applied for? () yes () No If yes, please describe.

If you served in the military please describe any job related training you may have received:
(Please attach a copy of your DD214)



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Employment History

Please start with the present employer or the last job held, include any Military service.

Employer: _____

Name

Address

Phone number

Job Title: _____ Supervisor name: _____

Date of Employment: _____ Date of termination of employment: _____

Rate of pay: Starting _____ Ending _____

Reason for leaving employment: _____

Employer: _____

Name

Address

Phone number

Job Title: _____ Supervisor name: _____

Date of Employment: _____ Date of termination of employment: _____

Rate of pay: Starting _____ Ending _____

Reason for leaving employment: _____

Employer: _____

Name

Address

Phone number

Job Title: _____ Supervisor name: _____

Date of Employment: _____ Date of termination of employment: _____

Rate of pay: Starting _____ Ending _____

Reason for leaving employment: _____

Specialized Skills:

Can you use a computer? () yes () no Can you use a copier machine? () yes () no

Are you certified in the use of a Taser () yes () no Pepper spray () yes () no

Other defensive training or certifications: _____

Are you certified in or had training in first aid () yes () no CPR () yes () no



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References

Please list at least three people that are not related to you, but that know you. Please know that these persons will be contacted by an investigator.

1. _____

Name

Phone number

Address Street Apt. City State Zip

How does this person know you?

2. _____

Name

Phone number

Address Street Apt. City State Zip

How does this person know you?

3. _____

Name

Phone number

Address Street Apt. City State Zip

How does this person know you?



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Pre Employment Substance Abuse Testing Agreement

I, freely and voluntarily agree to submit to a urinalysis (Drug Screen) as part of my application to be considered for employment with the Mitchell County Sheriff's Office. I understand that either a refusal to submit to the urinalysis screen or a positive result for a particular drug may disqualify me from further consideration for such employment.

I further understand that upon commencement of employment with the Mitchell County Sheriff's Office at any time, I may again be required to submit to a urinalysis screening. I understand refusal to take a requested screening or submitting an adulterated specimen will result in immediate termination.

Criminal History Record Waiver

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

Name: _____
First Middle Last Maiden

Address _____
Number Street Apt. City State Zip

Social Security number _____

Date of birth _____

What is your sex? () male () female

What is your race? _____

Signature

Date



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Please detach the front page and this page to keep with you. If you are contacted for an interview please bring the following with you to the interview:

- Current driver's license
- Copy of birth certificate or some other form of proof of U.S. citizenship, i.e. U.S. passport.
- Copy of Social Security card.
- Copy of High school diploma or GED
- If you served in the U.S. Armed Forces please supply a copy of your DD214
- Please submit a list of all names used if any other than the name used on the application, i.e. married then divorced and remarried.

Please do not call the Sheriff's Office to check the status of an application. You will be called if the Sheriff's Office wishes to interview you.