



Floyd County Law Enforcement Application

IF YOU ARE APPLYING FOR ONE OF THE FOLLOWING POSITIONS:

- JAIL OFFICER
- CORRECTIONAL OFFICER
- E-911 DISPATCHER

THIS PACKET MUST BE COMPLETE AND RETURNED WITH ALL REQUIRED ATTACHEMENTS. PLEASE READ ALL PAGES CAREFULLY AND HAVE CRIMINAL/PERSONAL HISTORY RELEASES NOTARIZED.

Employment of Relatives Restricted (Nepotism Policy)

To prevent preferential or discriminatory treatment in the workplace based upon family or dating relationships, the following policy shall apply to all positions under the Civil Service System and employees of Floyd County, Georgia:

1. No person who is a “family member” of the County Manager shall be eligible for employment with the County.
2. No employee of the County shall be allowed to work under the immediate supervision or in the direct line of authority of a “family member” or someone with whom he or she is having a “dating relationship.”
3. The term “immediate supervision” includes the responsibility and accountability for assigning work, evaluating performance, hiring, disciplining, or training.
4. The term “direct line of authority” includes an employee’s immediate supervisor and each direct level of supervision all the way up to the top supervisory employee.
5. The term “family member” includes: spouse, parent, brother, sister, step-parent, child, step-child, grandparent, grandchild, or the same by relation of the employees’ marriage.

IMPORTANT
PLEASE READ

Upon completion of this packet, attach the following:

1. High School Diploma or State General Education (G.E.D.)
2. Certified copy of your Birth Certificate or proof of birth. In place of a birth certificate, a copy of a valid *Georgia Driver's License*, and one or more of the following documents will be accepted.
 - a. Baptismal records
 - b. Draft Card
 - c. Court Records
 - d. Passport
 - e. Citizenship papers
 - f. Armed Forces discharge paper (DD214)
 - g. Certified copy of school records

This identification must show the Full Name and Date of Birth of the applicant. In order to establish the place of birth, an applicant must also submit a signed, notarized statement indicating that he/she is a United States Citizen in documents other than a birth certificate are furnished. Included in this statement must be the place, date, and country of birth. If the applicant is a naturalized citizen, a certified copy of the naturalization papers is to be sent with this statement.

3. A copy of your military discharge form DD-214 that shows the type of discharge, if applicable.
4. A Driver's History for the past seven (7) years (obtained from your local Georgia State Patrol headquarters. The Georgia State Patrol Drivers License Division will impose a \$8.00 for each personal request).
5. It is important that each applicant fill in all applicable questions. **All the forms and documents requested must be provided at the time of application.** Legible copies are acceptable. Copies may be made at your local library.

If you have any questions, contact Floyd County Human Resources
706-291-5156
8:00 a.m. – 5:00 p.m. Monday-Friday

All information must be returned to Floyd County Human Resources Department
12 East 4th Avenue, Suite 102, Rome, GA 30162

FLOYD COUNTY

POST OFFICE BOX 946
ROME, GEORGIA 30161

—EMPLOYEE APPLICATION—

Position(s) Applied For:

1. A. _____ B. _____ C. _____
FULL TIME PART TIME TEMP.

2. _____ 3. _____
LAST NAME FIRST MIDDLE SOCIAL SECURITY NUMBER

4. _____ 5. _____
ADDRESS - NUMBER AND STREET HOME PHONE NUMBER

_____ 6. _____
CITY STATE ZIP CODE BUSINESS PHONE NUMBER

7. When would you be available for employment? _____

8. What is the minimum salary you will accept? _____ per _____

9. Have you been employed previously by Floyd County? Yes No

10. Have you ever filled out an application here before? Yes No

11. Since your 17th birthday, have you been convicted of any violation of the law other than minor traffic violations?
Yes No (A conviction will not necessarily exempt you from consideration for employment.)
Explain any items to which you answered "yes" in this space.

12. Have you ever been a member of the armed services? Yes No
Type of discharge _____

13. Do you hold a current Georgia Driver's License? Yes No Type _____
Driver's License Number _____ State _____ Expiration Date _____

14. Do you have any relatives employed by Floyd County? Yes No
If yes, give names and department _____

EDUCATION

15. Are you a high school graduate or do you hold a GED Certificate: Yes No
If yes, name school _____ Date of Graduation _____

Date of GED _____

COMPLETE ONLY IF YOU HAVE ATTENDED TRADE SCHOOL AND/OR COLLEGE

16.	SCHOOL NAME and ADDRESS	HOURS CREDIT	MAJOR	MINOR	DEGREE	GRAD. DATE
Business/Trade School						
College						
College						
Graduate School						

17. Do you hold a current Professional License (i.e. Physician, Teaching, Electrical, etc.)? Yes No
If yes, Profession _____ License Number _____

EMPLOYMENT HISTORY

Use additional sheets if necessary. List most recent jobs first.

Employed: From _____ To _____ Total Years _____ Months _____

Starting Salary _____ per _____ Final Salary _____ per _____ Emp. Phone _____

Employer _____ Address _____

Kind of Business _____ Your Position _____

Specific Duties _____

Reasons for Leaving _____

Employed: From _____ To _____ Total Years _____ Months _____

Starting Salary _____ per _____ Final Salary _____ per _____ Emp. Phone _____

Employer _____ Address _____

Kind of Business _____ Your Position _____

Specific Duties _____

Reasons for Leaving _____

Employed: From _____ To _____ Total Years _____ Months _____

Starting Salary _____ per _____ Final Salary _____ per _____ Emp. Phone _____

Employer _____ Address _____

Kind of Business _____ Your Position _____

Specific Duties _____

Reasons for Leaving _____

References (not relatives):

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I hereby certify that all statements made on this form are true to the best of my knowledge. I fully realize that should an investigation disclose any misrepresentation, I will be subject to immediate dismissal.

Date _____ Signature _____



SUBSTANCE ABUSE COVERAGE FORM

I understand the following provisions pertaining to Floyd County's Substance Abuse Policies:

- A. The use, possession, sale or distribution of alcohol, drugs or controlled substances in the workplace is strictly prohibited. For purposes of this policy, "drugs" or "controlled substances" include legal and illegal (street) drugs taken for non-medical reasons. It does not include prescription medication taken in accordance with a physician's instructions. The presence of such substances in my system during work hours places unacceptable risk and burden on the safe and efficient operation of my job, and consequently, is strictly forbidden.
- B. As a condition of employment, I must pass a drug test, and as an employee will be subject to further types of testing including: random, post-accident, reasonable suspicion, return to duty, and follow-up. Whenever I am instructed by my supervisor, my department head, or a representative from the Human Resources Department to take a drug or alcohol test, I will be required to report to the designated testing facility within TWO (2) HOURS of the time I am instructed to go.
- C. If arrested and/or convicted for off-the-job drug and alcohol activities, including driving under the influence, the County may take action against me, taking into consideration among other things, the nature of the charge, job assignment and record with the County.
- D. My cooperation with, and adherence to, Floyd County policies and procedures regarding substance abuse are conditions of my continued employment. If I violate, or am insubordinate by refusing to cooperate with any of these policies and procedures, I am subject to discipline, up to and including discharge.
- E. Refusal to undergo drug and alcohol tests following a work-related injury may affect or reduce my workers' compensation benefits under O. C. G. A. Sec. 34-9-17.

PRINTED NAME:	DATE:
SIGNATURE:	SOCIAL SECURITY #: _____ - _____ - _____

**FLOYD COUNTY SHERIFF'S OFFICE
FLOYD COUNTY PRISON
FLOYD COUNTY POLICE DEPARTMENT
E-911 DISPATCHER**

BACKGROUND INVESTIGATION

APPLICANT QUESTIONNAIRE

**Applicant
Name** _____

Applicant Daytime phone number _____

Applicant Pager Number/Cell Phone number _____

Non-Law Enforcement
Employment History

Previous Employment for past five (5) years (most recent first)

(1) Name of Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Phone Number () _____ Supervisor: _____

Employed From: _____ To: _____ Position: _____

Reason for Leaving: _____

(2) Name of Employer _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Phone Number () _____ Supervisor: _____

Employed from: _____ To: _____ Position: _____

Reason for leaving: _____

(3) Name of Employer _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Phone Number () _____ Supervisor: _____

Employed from: _____ To: _____ Position: _____

Reason for Leaving: _____

LAW ENFORCEMENT
EMPLOYMENT HISTORY

Are you Certified as a Georgia Peace Officer Yes No
Cert.# _____

Are you Certified as a Georgia Jail Officer Yes No
Cert. # _____

Are you Certified in another state as a Peace Officer, if so, give state and certification number _____

(1) Name of Agency _____ Sworn: Yes No
Agency Address: _____

Employed From: _____ To: _____

Reason For Leaving: _____

(2) Name of Agency _____ Sworn: Yes No
Agency Address: _____

Employed From: _____ To: _____

Reason For Leaving: _____

(3) Name of Agency _____ Sworn: Yes No
Agency Address: _____

Employed From: _____ To: _____

Reason For Leaving: _____

Military Service

Completed Military Service:

Branch: _____ Service Number _____

Dates: From: _____ To: _____

Character of Discharge: _____

If other than Honorable, give full explanation: _____

Member of Reserve or National Guard Unit: _____

Unit Address _____

Name of Commanding Officer: _____

SELECTIVE SERVICE

Are you registered with Selective Service: Yes _____ No _____

30 days before to 30 days after your 18th birthday, you are now required to register with Selective Service.
(Birthdays 1960 and later).

CRIMINAL RECORD

Arrest: (Felonies, Misdemeanors, Civilian or Military)

Crime	Court	Date

Arrest (Traffic, Including Pleas of Guilty and Nolo)

Offense	Court	Date

Pending Charges or Indictments:

Crime or Offense	Court Having Jurisdiction	Date

Comments on above:

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: _____ Where Test Taken: _____

Date Test Administered _____ Administered By: _____



Georgia Peace Officer Standards & Training Council
Application for Certification

PERSONAL HISTORY RELEASE

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and 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 part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photo copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.

Last Name		First Name	Middle Name
DATE OF BIRTH <i>(mdyyyy)</i>	MAIDEN NAME		PHONE NUMBER <i>(AREA CODE) - NUMBER</i> ()- -
Social Security Number:			
EMAIL ADDRESS			
ADDRESS: <i>Street</i>			Apartment/Unit#
City:	State:	Zip Code:	

Candidate Signature (including maiden name)

Date

Notary Public Signature

Date

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

Consent Form

I hereby give my consent for the _____
(criminal justice agency)

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 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 agency.



HUMAN RESOURCES DEPARTMENT

TWELVE EAST 4TH AVENUE, SUITE 102 • POST OFFICE BOX 946 • ROME, GEORGIA 30162

PHONE: 706.291.5156 • FAX: 706.233.0014 • www.floydcountyga.org

I hereby authorize the Floyd County Police Department to release any and all criminal history record information pertaining to me, which may be in the files of any local and/or state criminal justice agency. I do hereby release the Floyd County Police Department and all personnel from any damages because of/ or resulting from furnishing such information.

Please indicate below if this Criminal History check is for employment in any of the following areas:

- Public/Private School, Day Care, Child Welfare, any type child care;
- Mentally ill, and/or mentally retarded;
- Nursing Home, Personal care home, or other type elderly care;
- Criminal Justice Employment; or
- General Employment.

Please Print:

Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

City: _____ State: _____ Place of Birth: _____

Sex: Male Female

Race: _____

Signature _____ Date _____

Notary Public _____

My commission expires: _____

For Official Use Only: Do Not Write in This Space
_____ No Record Found (No Printout Attached)
_____ See Attached Record
_____ Agency Signature
_____ Date

BOARD OF COMMISSIONERS
LARRY MAXEY, CHAIRMAN
RHONDA WALLACE, VICE-CHAIR
GARRY FRICKS
IRWIN BAGWELL
SCOTTY HANCOCK

ADMINISTRATION
LARRY JOHNSON, DIRECTOR

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the _____ to receive any Georgia or
 _____ Criminal Justice Agency
 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

- 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 agency.

 Signature Date

Date of inquiry: _____ Time of inquiry: _____ Operator's initials: _____

Purpose Code used: (check one)

<input type="checkbox"/>	Civilian Employment with a Criminal Justice Agency (J) – Provides complete <i>Georgia</i> and <i>III</i> Criminal History Record Information except juvenile or restricted records and
<input type="checkbox"/>	P.O.S.T. Certified Employment with a Criminal Justice Agency (Z) - Provides <i>Georgia</i> and <i>III</i> Criminal History Record Information including restricted records that contain completed first offender sentences for any offense

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

<input type="checkbox"/>	No Georgia or III CHRI results available.
<input type="checkbox"/>	Georgia / III CHRI attached/released.
<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

 Agency Designee Signature and Title Date