Walker County Sheriff's Office

105 South Duke Street * P.O. Box 767 * LaFayette GA 30728
(706)638-1909
Steve Wilson, Sheriff

Dear Applicant:

I am pleased you have decided to apply for employment with the Walker County Sheriff's Office. High standards for employment have been established to best serve and protect the people of Walker County. It is the policy of this agency to employ only the best-qualified individuals for available positions; therefore, the employee selection process is thorough and regimented. The employment process affords equal opportunity to everyone with all eligible applicants being considered as positions become available.

The attached application is lengthy and requires that you provide detailed information and documentation. Due to the nature of law enforcement-related employment, accurate and extensive information is required as a basis for hiring. Failure to complete the application in its entirety (including all required document copies, notary and witness signatures) will render the application invalid and will prevent the applicant from being considered for employment. Any false information provided in the application and/or statements made during interviews, or failure to comply with other consent requirements such as drug screening or polygraph testing may result in termination at any time. This application will remain active and on file for a period of one year after receipt.

Additional requirements for employment include a complete background investigation, drug screening, polygraph testing, and an in-depth interview. Applicants offered employment will be subject to a six-month working test period during which performance will be evaluated prior to an offer of continuing employment.

Any questions regarding this application should be directed to Sheriff Wilson's secretary, Amber Matthews. Upon completion of the application package, please place all material in the envelope supplied, print your name in the space provided on the envelope, and return to the Sheriff's Office.

Sincerely,

Steve Wilson, Sheriff

GENERAL EMPLOYMENT APPLICATION

Walker County Government - General Employment Application

General Employment Guidelines

1. Walker County Government is firmly committed to a policy of Equal Employment Opportunity and does not discriminate against applicants because of race, color, religion, age, national origin, sex, sexual orientation, or disability.

2. Walker County Government maintains a Drug Free Workplace. All job offers are contingent upon the applicant successfully completing a pre-employment drug screen, and all employees will be subject to random drug and alcohol testing as required under the County's Drug and Alcohol policy.

3. Consideration for employment is also contingent upon the results of a reference and background check. If the position requires the ability to drive or operate a motor vehicle, a clear MVR will also be required.

4. If accepted for employment, the applicant shall be required to provide proof of identity and eligibility to work in the United States in compliance with the Immigration Reform & Control Act of 1986.

5. Per the Georgia Smoke Free Air Act 2005, smoking and the use of smokeless tobacco products, as well as vapes and vape products, is prohibited in all enclosed public areas and on County property except as permitted in Code Section 31-12A-6. 6. All information submitted in this application may be subject to public review under the Georgia Open Records Act. 7. This application will be considered active for job vacancies which occur during the next sixty [60] days and held in the Human Resources Department for review by hiring managers. If the applicant wishes to be considered for any positions open after that period, they must renew their application.

8. No applicant will be considered for a position without a current application completed and submitted to the Human Resources Department, Resumes are welcome and may be attached to the application packet but do not, of themselves, constitute an application for a position.

9. All appointments are subject to a (90) ninety-day Introductory Period. During this time the employee must demonstrate their fitness for continued employment.

10. No event in the hiring process shall be considered as creating a contractual relationship between the applicant and Walker County Government and unless otherwise provided in writing, such relationship shall be defined as "employment at will" where either party may dissolve the relationship at any time, with or without notice.

Applicant Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Date Available: _____

Desired Hourly Pay/Salary: _____

Position Applied For: _____

Days Available to Work:

Sunday ☐

Monday ☐

Tuesday ☐

Wednesday ☐

Thursday ☐

Friday ☐

Saturday ☐

Have you ever applied to Walker County Government before?

Yes ☐ or No ☐

Have you ever worked for Walker County Government?

Yes ☐ or No ☐

Do you currently have relatives who work for Walker County Government?

Yes ☐ or No ☐

Are you over 18 years of age?

Yes ☐ or No ☐

Do you have the legal right to work in the U.S.?

Yes ☐ or No ☐

Have you ever been convicted of anything other than a minor traffic offense?

Yes ☐ or No ☐

Education

High School Education

School Name: _____

Address: _____

Dates Attended: _____

Graduate: Yes ☐ or No ☐

Diploma: Yes ☐ or No ☐

Post Secondary Education

School Name: _____

Address: _____

Dates Attended: _____

Graduate: Yes ☐ or No ☐

Diploma: Yes ☐ or No ☐

References

Please list three professional references

Name: _____

Relationship:_____

Company: _____

Phone: _____

Address _____

Name: _____

Relationship:_____

Company: _____

Phone: _____

Address _____

Name: _____

Relationship:_____

Company: _____

Phone: _____

Address _____

Previous Employment

#1

Company:_____

Supervisor:_____

Job Title:_____

Starting Hourly Pay/Salary: _____

Ending Hourly Pay/Salary:_____

Reason for Leaving: _____

Address: _____

Phone:_____

Start and End Date:_____

Responsibilities:_____
_____
_____

May we contact your previous employer for a reference

Yes ☐ or No ☐

#2

Company:_____

Supervisor:_____

Job Title:_____

Starting Hourly Pay/Salary: _____

Ending Hourly Pay/Salary:_____

Reason for Leaving: _____

Address: _____

Phone:_____

Start and End Date:_____

Responsibilities:_____
_____
_____

May we contact your previous employer for a reference

Yes ☐ or No ☐

#3

Company:_____

Supervisor:_____

Job Title:_____

Starting Hourly Pay/Salary: _____

Ending Hourly Pay/Salary:_____

Reason for Leaving: _____

Address: _____

Phone:_____

Start and End Date:_____

Responsibilities:_____
_____
_____

May we contact your previous employer for a reference

Yes ☐ or No ☐

Disclaimer and Signature

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal at any time during my employment.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Walker County Government from a/I liability for any damage that may result from utilization of such information.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

☐ By checking this box, I acknowledge that I understand.

Signature:_____

Today's Date:_____

Applicant Affirmative Action Program

Name:_____

Date:_____

Position for which you are applying:_____

To comply with the regulations for Equal Employment Opportunity and Affirmative Action (EEO/AA), Walker County Government (WCG) must track all our applicants by gender, race/ethnicity, veteran status, and the position for which they applied. We are an organization that values diversity and encourages women, minorities, and veterans to apply. For this reason, we invite you to indicate your gender, race/ethnicity, and veteran status below. This information is kept separate from your application. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department and will be used only for the necessary statistical information to include in our Affirmative Action Program and reporting to the government. When reported, data will not identify any specific individuals.

☐ I understand the information provided below is voluntary

Gender

Male ☐ or Female☐

Race: _____

Veteran Status

☐ I am a protected veteran

☐ I am NOT a protected veteran

☐ I wish to not disclose this information

Voluntary Self-Identification of Disability

☐ No, I don't have a disability

☐ Yes, I have a disability

☐ I wish to not disclose this information

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter or using specialized equipment.

☐ I understand

Signature:_____

Today's Date:_____

JOB APPLICATION QUESTIONNAIRE

APPLICANT'S NAME: _____
LAST FIRST MIDDLE

This employment application is neither an offer of employment nor a contract for employment. The completion of this application does not stand as an agreement or promise to hire the applicant.

This employment application is the basis for the employment screening process and background investigation conducted by the Walker County Sheriff's Office on each applicant for a position of employment. The answers that you provide for each question on this application must be legibly printed or typed and complete. Any information that is erroneous in nature or not provided on this application, whether intentional or unintentional, will constitute the basis for your elimination from consideration for the employment which you now seek. Additionally, any fraudulent, misleading, or missing information from this application discovered after employment with the Walker County Sheriff's Office may be grounds for termination. Please be sure that you carefully consider each and every question asked of you by this application and that you provide honest and complete information. If the question does not apply to you, put "N/A" for the answer to that particular question. Any answer which requires more space than is provided may be answered on the reverse side of the page, with the question number indicated beside the information. Incomplete applications will not be accepted. All areas which indicate witness or notary must be completed.

I understand that if I do not wish to answer a question in this booklet, I may choose not to do so and my application will be terminated.

I have read and understand the above statement.

Applicant signature: _____ Date: _____

Witness Name (print):_____ Date: _____

Witness Signature: _____ Date: _____

APPLICANT DO NOT WRITE BELOW THIS LINE

RECEIVED AT WALKER COUNTY SHERIFF'S OFFICE ON DATE: _____

I. PERSONAL INFORMATION

Applicant name: _____
LAST FIRST MIDDLE

Other names used: _____
(Maiden name, Nicknames)

Date of birth:_____

Place of birth: _____
(City, County, State, Country)

Social Security Number: _____-_____-_____

Weight: _____Height: _____Eye Color: _____

Present Address: _____
Street Address

_____
City State

_____
Zip Code County

Telephone: Work (___)_____Home (___)_____Cell (___)_____

List all addresses during past ten (10) years:

Street Address: _____

City: _____State: _____From: _____To: _____

Street Address: _____

City: _____State: _____From: _____To: _____

Street Address: _____

City: _____State: _____From: _____To: _____

II. PERSONAL INFORMATION (CONTINUED)

Marital Status (Circle One): Spouse Deceased Divorced Single
Separated Married

Present Spouse Information:

Name: _____
First Middle Last Maiden
Date of Birth: _____ Place of Birth: _____
SSN: _____-_____-_____ Date of Marriage: _____
County/State of Marriage: _____
Spouse Occupation/Employer: _____

List below every child born to you, adopted by you, and any stepchildren supported by you:

Name, Age, Where Resides:

_____

Previous marriage information:

Ex-spouse's name: _____
Cause for no longer being married (divorced, deceased, etc..): _____
Ex-spouse's name: _____
Cause for no longer being married (divorced, deceased, etc..): _____
Ex-spouse's name: _____
Cause for no longer being married (divorced, deceased, etc..): _____

Please list as references three individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone: (___)_____ Home Phone: (___)_____

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone: (___)_____ Home Phone: (___)_____

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone: (___)_____ Home Phone: (___)_____

III. PERSONAL INFORMATION (CONTINUED)

IF IT BECOMES NECESSARY IN YOUR LAW ENFORCEMENT DUTIES TO TAKE A HUMAN LIFE, WOULD YOU HAVE RELUCTANCE TO DO SO BECAUSE OF RELIGIOUS OR OTHER BELIEFS? YES _____ NO _____

Are you a United States citizen: Yes _____No _____

If no, explain: _____

_____

Do you currently have any relatives employed by the Walker County Sheriff's Office?

Yes _____ No _____

If yes, list below:

_____

Name Relationship

Do you speak any foreign languages? Yes _____ No _____

If yes, what language(s) and how fluently?

_____

_____

IV. **EDUCATION**

A. List all high schools attended (beginning with the most recent)

Name of High School: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates attended: From _____To _____

Name of High School: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates attended: From _____To _____

Name of High School: _____
Address: _____
City: _____State: _____Zip Code: _____

Phone (___)_____
Dates attended: From _____To _____

Did you graduate from high school? Yes _____No _____
If yes, name of school: _____
Date of graduation: _____School Phone (___)_____
If no, have you completed your GED? Yes_____No _____
If yes, name of issuer: _____
Date of completion: _____

B. List all colleges and/or universities attended (beginning with the most recent)

Name of college or university: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates attended: From _____To _____

Name of college or university: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates attended: From _____To _____

V. EDUCATION (CONTINUED)

Name of college or university: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates attended: From _____To _____

Did you graduate from any colleges or universities? Yes _____No _____
If yes, complete section below:
Name of college or university: _____
Phone of college or university: (___)_____
Degree obtained: _____Graduation date: _____

Name of college or university: _____
Phone of college or university: (___)_____
Degree obtained: _____Graduation date: _____

C. List all specialized schools attended (beginning with most recent):

Trade, Business, Correspondence, Law Enforcement, Etc….

Name of School: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates attended: From _____To _____

Name of School: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates attended: From _____To _____

Name of School: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates attended: From _____To _____

EMPLOYMENT

List all employers in the last ten (10) years beginning with the most current. Use the reverse side of page, if necessary:

Name of Employer: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates of employment: From _____To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates of employment: From _____To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____State: _____Zip Code: _____

Phone (___)_____
Dates of employment: From _____To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates of employment: From _____To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates of employment: From _____To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates of employment: From _____To _____
Reason for leaving: _____

II. EMPLOYMENT (CONTINUED)

Name of Employer: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates of employment: From _____To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates of employment: From _____To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates of employment: From _____To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates of employment: From _____To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates of employment: From _____To _____
Reason for leaving: _____

Name of Employer: _____
Address: _____
City: _____State: _____Zip Code: _____
Phone (___)_____
Dates of employment: From _____To _____
Reason for leaving: _____

III. EMPLOYMENT (CONTINUED)

Would any problem result if your present employer was contacted during the background investigation? Yes _____ No _____

Have you ever been fired or asked to resign from any place of employment?
Yes _____ No _____
If yes, explain: _____
_____
_____

Has a supervisor ever reprimanded you for being late or absent?
Yes _____ No _____
If yes, explain: _____
_____
_____

Have you ever served in the United States military? Yes _____No _____
If yes, please complete section below:
Branch: _____Service Number: _____
Dates: From _____To _____
Job Duties: _____
_____

Type of Discharge: _____

Were you ever court martialed, tried on charges, or the subject of company punishment or other disciplinary action while a member of the armed forces? Yes _____ No _____
If yes, explain: _____
_____

Are you currently a member of the National Guard or any Reserve Unit?
Yes _____ No _____
If yes, indicate name of unit, location, and assignment: _____
_____
_____

WALKER COUNTY SHERIFF'S OFFICE
POLYGRAPH EXAMINATION AGREEMENT

I, the undersigned applicant for a position with the Walker County Sheriff's Office, understand and agree to voluntarily submit to a polygraph examination by a forensic psychophysiologist prior to being accepted for employment with the Walker County Sheriff's Office. The undersigned person also understands and agrees that he/she will voluntarily submit to a polygraph examination by a forensic psychophysiologist pursuant to an administrative investigation at any time during employment with the Walker County Sheriff's Office.

The undersigned person also understands and agrees that any polygraph examination given pursuant to an administrative investigation will only be considered for administrative or departmental purposes relating to his/her employment by the Walker County Sheriff's Office. The undersigned person further agrees and understands to release, absolve and forever hold harmless the Walker County Commissioner and the Walker County Sheriff's Office, its officers, agents and employees and any authorized firm conducting the polygraph examination, their agents, officers and employees from any liability resulting from the operation of the equipment or use of the results obtained therefrom. This also applies to any and all suits, action, or causes of action at law, claim, demand or liability which the undersigned, his or her successors, assigns, heirs, executors, or administrators have now or may ever have resulting directly, indirectly, or remotely from the undersigned person having taken such polygraph.

_____

Signature Date

_____

Signature Date

WALKER COUNTY SHERIFF'S OFFICE
AUTHORIZATION TO RELEASE INFORMATION

I _____, do hereby authorize a review of and a full disclosure of all records concerning myself to the Walker County Sheriff's Office.

The intent of this authorization is to give my consent for full and complete disclosure of the records or educational institutions; financial statements and records wherever filed; and the U.S. Veteran's Administration; employment records, including background reports, efficiency ratings, complaints or grievances filed against me whether representing me or another person in any case either criminal or civil in which I presently have or have not 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 compiling any report for the Walker County Sheriff's Office. 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 photocopy 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.

_____
Signature of Applicant

_____-_____-_____
Social Security Number

_____
Date

_____
Witness Signature

_____
Date

WALKER COUNTY SHERIFF'S OFFICE
CONSENT FOR DRUG TESTING

The undersigned applicant for a position with the Walker County Sheriff's Office understands and agrees to voluntarily submit to the collection of blood and/or urine samples for the purpose of determining the presence of alcohol and/or drugs, if any, prior to being accepted for employment.

The undersigned person also understands and agrees to voluntarily submit to the collection of blood and/or urine samples for the purpose of determining the presence of alcohol and/or drugs, if any, on random testing basis, if instituted by the Sheriff and/or pursuant to an administrative investigation at any time during employment with the Walker County Sheriff's Office.

The undersigned also understands and agrees to the release of any and all information obtained relevant to the alcohol and/or drug testing and understands that refusal to participate and/or positive test results may be grounds for termination.

_____ _____

Signature Date

_____ _____

Witness Date

Walker County Sheriff's Office
Georgia Crime Information Center

Driver History Consent Form
for
Criminal Justice Employment

I hereby authorize the Walker County Sheriff's Office to conduct an inquiry of my driving status and history and receive any Georgia and/or national driving record as authorized by state and federal law for employment purposes.

Last Name: _____ First _____ Middle _____

Date of Birth: _____ Race: _____ Sex: _____

Current Driver's License State: _____ Driver's License Number: _____

Please list each state for which you have had a driver's License

_____ _____ _____ _____ _____ _____

I, _____, give consent to the Walker County Sheriff's Office to perform periodic driving history checks for the duration of my employment.

Purpose code Used: (check one)
__√__ J-Criminal Justice Employment

_____ _____
Signature Date

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

The inquiry resulted in the following: (check all that apply)
____ No Driving Record Available
____ Driving Record (Attached/Released)

_____
Agency Designee Signature and Title Date

DRIVING RECORD

Do you have a current driver's license? Yes_____ No _____
If yes, complete below:

State of Issuance: _____ Date of Issuance: _____

License Number: _____ License Class: _____

Restrictions: _____

List any past driver's license information:

_____

State of Issuance License Number

Do you have liability insurance at the present time? Yes _____No _____

Have you ever had a driver's license suspended, revoked, or refused?
Yes _____ No _____
If yes, explain: _____
_____

Have you ever been charged with driving under the influence of drugs or alcohol?
Yes _____ No _____
If yes, explain: _____
_____

List all traffic citations within the past ten (10) years

Violation: _____ Date: _____
Location: _____
City County State

Violation: _____ Date: _____
Location: _____
City County State

IV. DRIVING RECORD (CONTINUED)

Violation: _____ Date: _____
Location: _____
City County State

Violation: _____ Date: _____
Location: _____
City County State

Violation: _____ Date: _____
Location: _____
City County State

Do you have any traffic citations which have not been disposed of (i.e. paid fine, dismissed, etc…)? Yes _____ No _____
If yes, explain: _____
_____

Have you ever been involved as a driver in a motor vehicle accident?
Yes _____ No _____
If yes, explain: _____
_____

FINANCIAL INFORMATION

Have you ever filed for Bankruptcy Chapter 7, Chapter 11, or Chapter 13?

Yes _____ No _____

If yes, explain: _____

_____

Have you ever been declared bankrupt?

Yes _____ No _____

If yes, explain: _____

_____

Are you presently under any court order to make payments on any person(s), company, etc…?

Yes _____ No _____

If yes, explain: _____

_____

Have any of your bills ever been turned over to a collection agency?

Yes _____ No _____

If yes, explain: _____

_____

Have you ever had anything repossessed?

Yes _____ No _____

If yes, explain: _____

_____

Are you currently delinquent to any creditors?

Yes _____ No _____

If yes, explain: _____

_____

Walker County Sheriff's Office

Georgia Crime Information Center

Criminal History Consent Form **Criminal Justice Employment**

I hereby authorize the Walker County Sheriff's Office to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Last Name: _____ First _____ Middle _____

Date of Birth: _____ Race: _____ Sex: _____ SSN _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Address: _____

Telephone Number: _____ cellphone or landline (circle one)

☐This authorization is valid for _____ days from date of signature.

☐I, _____, give consent to the Walker County Sheriff's Office to perform periodic criminal history background checks for the duration of my employment.

Purpose code Used: (check one)

_____ J- Civilian Criminal Justice Employment (State & III Info Received)

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

_____ _____

Signature Date

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

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_____ Date_____

V. CRIMINAL ACTIVITY

Have you ever been detained, arrested, or convicted for any criminal offenses? (include juvenile offenses) Yes _____ No _____

Charge: _____ Date: _____

Law Enforcement Agency involved: _____

Disposition: _____

Charge: _____ Date: _____

Law Enforcement Agency involved: _____

Disposition: _____

Charge: _____ Date: _____

Law Enforcement Agency involved: _____

Disposition: _____

Have you ever been convicted of any domestic violence related offense?
Yes _____ No _____
If yes, explain: _____
_____

Have you ever tried or used marijuana? Yes _____No _____
If yes, how many times? _____
When was the first time? _____
When was the last time? _____

Have you ever sold, delivered, and/or stored any illegal drugs?
Yes _____ No _____
If yes, explain: _____
_____

VI. CRIMINAL ACTIVITY (CONTINUED)

Have you ever used or experimented with any illegal drugs other than marijuana? (PCP, THC, LSD, Mushrooms, Heroin, Cocaine, Crack, Qualuudes, Opium, Uppers, Downers, STP, Meth, Others)? Yes _____ No _____

If yes, complete below:

Drug: _____ Number of times used: _____
First time used: _____ Last time used: _____

Drug: _____ Number of times used: _____
First time used: _____ Last time used: _____

Drug: _____ Number of times used: _____
First time used: _____ Last time used: _____

Have you ever used prescription medicine that was prescribed for another person?
Yes _____ No _____

If yes, complete below:

Medication: _____ Number of times used: _____
First time used: _____ Last time used: _____

Medication: _____ Number of times used: _____
First time used: _____ Last time used: _____

Medication: _____ Number of times used: _____
First time used: _____ Last time used: _____

Medication: _____ Number of times used: _____
First time used: _____ Last time used: _____

Medication: _____ Number of times used: _____
First time used: _____ Last time used: _____

Medication: _____ Number of times used: _____
First time used: _____ Last time used: _____

VII. CRIMINAL ACTIVITY (CONTINUED)

Do you drink alcoholic beverages? Yes _____ No _____

If yes, how many per week? _____

Have you ever lost a job because of a drinking problem?
Yes _____ No _____
If yes, explain: _____
_____

Has any member of your family ever been arrested for or convicted of a felony crime?
Yes _____ No _____
If yes, explain: _____
_____

Have you ever been involved in any illegal activities associated with gangs, hate groups, labor unions, or groups dedicated to the overthrow of any government?
Yes _____ No _____
If yes, explain: _____
_____

VIII. PREVIOUS LAW ENFORCEMENT EXPERIENCE

COMPLETE THIS PAGE ONLY IF YOU HAVE PREVIOUSLY WORKED FOR A LAW ENFORCEMENT AGENCY.

Have you completed the requirements and received Federal or State Certification related to law enforcement employment? Yes _____ No _____
If yes, complete below:

Type of Certification: _____ Certification number: _____
Date of Certification: _____ Certifying Agency: _____

Type of Certification: _____ Certification number: _____
Date of Certification: _____ Certifying Agency: _____

Type of Certification: _____ Certification number: _____
Date of Certification: _____ Certifying Agency: _____

Do you have any special certifications? ? Yes _____ No _____
If yes, complete below:

Type of Certification: _____ Certification number: _____
Date of Certification: _____ Certifying Agency: _____

Type of Certification: _____ Certification number: _____
Date of Certification: _____ Certifying Agency: _____

Type of Certification: _____ Certification number: _____
Date of Certification: _____ Certifying Agency: _____

Do you have a Georgia Peace Officer Certification? Yes _____ No _____

If yes, have you maintained this certification by meeting minimum twenty (20) hours training requirements since receiving certification? Yes _____ No _____

IX. SUMMARY

Please write a short summary of why you want to work in law enforcement and what appeals to you the most and the least about working in the law enforcement field.

SUPPORTING DOCUMENTATION

Attach a copy of your birth certificate to this page.
In lieu of a birth certificate copy, a valid Georgia Driver's License copy plus a copy of one or more of the following documents may be accepted:

Baptismal record
Draft card
Court Records
Passport
Citizenship papers
Armed Forces Discharge Papers (DD214)
Certified copy of school records

This identification must show the full name and date of birth of the applicant.

In lieu of a birth certificate copy, the applicant must also submit a signed, notarized statement indicating United States citizenship, and date and place of birth (including city, county, and state).

SUPPORTING DOCUMENTATION

ATTACH A COPY OF YOUR SOCIAL SECURITY CARD TO THIS PAGE

AND

ATTACH A COPY OF YOUR DRIVER'S LICENSE TO THIS PAGE.

SUPPORTING DOCUMENTATION

ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED CERTIFICATION TO THIS PAGE.

SUPPORTING DOCUMENTATION

THIS PAGE ONLY FOR APPLICANTS WHO HAVE LAW ENFORCEMENT-RELATED CERTIFICATION(S).

ATTACH A COPY OF YOUR LAW ENFORCEMENT-RELATED BASIC CERTIFICATION(S) TO THIS PAGE.

EXAMPLES: PEACE OFFICER CERTIFICATION, JAIL OFFICER CERTIFICATION, TAC CERTIFICATION, ETC…

SUPPORTING DOCUMENTATION

THIS PAGE ONLY FOR APPLICANTS WHO HAVE SERVED IN THE MILITARY.
ATTACH A COPY OF YOUR MILITARY DISCHARGE OR DD214 TO THIS PAGE.

MEMORANDUM

TO : ALL DETENTION PERSONNEL

FROM : MAJOR MIKE FREEMAN

DATE : 07/15/2013

SUBJECT : RESTRICTED INFORMATION

For the purpose of the safety and security of our staff, other agencies' staff, the Public and inmates, no employee shall discuss or disclose any information Pertaining to the transport of any inmates with the inmates or the public.

This information should be strictly guarded and discretely forwarded only to personnel who have a need to be aware of it.

Failure to comply with this procedure could result in serious disciplinary action.

I acknowledge that I have read and understand this procedure.

_____ _____

Employee Signature Date

_____ _____

Employee Name Printed Date

_____ _____

Supervisor Date

MEMORANDUM

TO : ALL DETENTION PERSONNEL

FROM : SHERIFF STEVE WILSON

DATE : OCTOBER 3, 2000

SUBJECT : MEDIA COMMUNICATIONS

This memo is to remind each employee that conversations between the Walker County Sheriff's Office personnel and any media representative are strictly prohibited.

Under no circumstances are you to give any information to the media or answer any questions asked by the media, unless first approved by Sheriff Steve Wilson.

All telephone calls or face-to-face inquiries should be directed to Sheriff Steve Wilson immediately. In the event that Sheriff Wilson is unavailable, Major Mike Freeman should handle all media contact.

Employees should never comment or answer questions concerning on-going investigations with anyone outside the Walker County Sheriff's Office.

Any and all request for information should be forwarded to:
Sheriff Steve Wilson Ext. 1231
Major Mike Freeman Ext. 1224
Detective Division personnel Ext. 1223

Any violation of this order will result in disciplinary action.

I hereby acknowledge that I have read the above issued memorandum. I understand that I will face disciplinary action should I disregard or violate this order in any way.

_____ _____
Employee Signature Date

_____ _____
Employee Name Printed Date

_____ _____
Supervisor Date

MEMORANDUM

TO : ALL DETENTION PERSONNEL

FROM : SHERIFF STEVE WILSON

DATE : JULY 29, 1999

SUBJECT : EMPLOYEE TELEPHONE NUMBERS

DO NOT GIVE EMPLOYEE TELEPHONE NUMBERS TO THE PUBLIC!

You are reminded that under no circumstances should employee telephone numbers be given to the public. If someone calls wishing to speak to an employee after hours and insists, you should take the caller's name and number, telephone the employee and relay the message.

I acknowledge that I have read and understand this procedure.

_____	_____
Employee Signature	Date
_____	_____
Employee Name Printed	Date
_____	_____
Supervisor	Date

WALKER COUNTY SHERIFF'S OFFICE

DETENTION HANDBOOK

RECEIPT FORM

I, _____, do hereby certify that I have received a copy of the Inmate Handbook for the Walker County Sheriff's Office.

I further certify that I am responsible for carefully reading the rules and regulations the handbook contains.

I further certify that I will contact my supervisor in the event I have any questions pertaining to this handbook.

I also certify that I will treat inmates in a humane and respectful manner while carrying out my duties and responsibilities.

I acknowledge that I have read and understand this procedure.

_____ _____

Employee Signature Date

_____ _____

Employee Name Printed Date

_____ _____

Supervisor Date

MEMORANDUM

TO : ALL DETENTION PERSONNEL

FROM : SHERIFF STEVE WILSON

DATE : AUGUST 11, 1999

SUBJECT : SHERIFF'S HOME TELEPHONE NUMBER

Each employee is reminded that any time a citizen calls the Walker County Sheriff's Office and requests Sheriff Steve Wilson's home telephone number, it is permissible to give the Sheriff's home telephone number to the public.

No other employee's home telephone number or address is to be given to the public under any circumstances.

Sheriff Steve Wilson
706-638-4500

I acknowledge that I have read and understand this procedure.

_____ _____
Employee Signature Date

_____ _____
Employee Name Printed Date

_____ _____
Supervisor Date

WALKER COUNTY SHERIFF'S OFFICE
POLICY AND PROCEDURES
RECEIPT FORM

Walker County Sheriff's Office Policy and Procedure can be referenced in the Walker County Sheriff's Office computer U drive or on the USB drive you have been given. A hard copy of the Policy and Procedure is also located in the patrol master room.

I understand that this policy and procedure relates to me and my performance as an employee for Walker County Sheriff's Office and I am to conduct myself in accordance with it.

By signing below, I acknowledge that I am to read the Policy and Procedure.

By signing below, I acknowledge that I have been made aware of where and how to access the Policy and Procedure.

I acknowledge that I have read and understand this procedure.

_____	_____
Employee Signature	Date
_____	_____
Employee Name Printed	Date
_____	_____
Supervisor	Date

Applicant Affirmative Action Program
Self Identification Form

Required Information

Name: _____Date of Application: _____

Position(s) for which you are applying: _____

Voluntary Information

To comply with the regulations for equal employment opportunity and Affirmative Action (EEO/AA), Walker County Government (WCG) must track all our applicants by gender and race/ethnicity and the position they applied for to the government. We are an organization that values diversity and encourages women and minorities to apply. For this reason, we invite you to indicate your gender and race/ethnicity below. This information is kept separate from your application.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department and will be used only for the necessary information to include in our Affirmative action Program and reporting to the government. When reported, data will not identify any specific individuals.

Gender: ___ Male ___ Female

Definitions of race/ethnicity are on the next page (as defined by the Equal Employment Opportunity Commission).

Race/Ethnic Identification (check one):

Are you Hispanic or Latino? ☐ Yes ☐ No

If you answered "Yes" you have completed this form. If you answered "No" please select a race from the options below.

____ White

____ I do not wish to disclose

____ Black

____ Native Hawaiian or Other Pacific Islander

____ Asian

____ American Indian or Alaska Native

____ Two or More Races

Employment Disqualifiers

Employment in law enforcement agencies involves public trust. Only those persons whose conduct, character and behavior which does not discredit either themselves or the Walker County Sheriff's Office [WCSO] will be employed. The WCSO employment process will address the integrity, ethical conduct, honesty, prejudices, financial responsibility [credit], and past behavior *of all* applicants. While the WCSO reviews much information and considers the circumstances in many areas regarding an applicant"s background, the following standards are among those that will automatically **disqualify applicants** from consideration:

1. Intentionally falsifying, misrepresenting, *or* omitting pertinent information while completing the employment application, preliminary Interview questionnaires, polygraph or any other pre-employment document[s].
2. Deliberately making inaccurate, misleading, false, or fraudulent statements during the employment process.
3. Poor management of personal finances. [Debts, pending civil suits, garnishments, dispossessory warrants, bankruptcies, etc will be investigated to determine a candidate's suitability for employment j.
4. Personal state or federal tax liability or delinquent student or government loans unless the applicant is on an approved payment plan.
5. Failure to meet required educational or professional licensing or certification.
6. Any felony conviction.
7. Any outstanding criminal charge pending adjudication.
8. Sufficient misdemeanor convictions to establish a pattern of disregard for the law.
9. Admission to or discovery of an applicant s involvement in any crime of a serious or aggravated nature.
10. Any conviction or plea of nolo contendere within the past year for Driving Under the Influence of Drugs or Alcohol [DUI].
11. Any conviction or plea of nolo contendere for a serious traffic offense within the past two years including, but not limited to: Fleeing or Attempting to Elude a Police Officer, Vehicular Homicide [misdemeanor], Failure to Stop, Render Aid, or Leave Information, and Racing.
12. Five or more convictions and/or pleas of nolo contendere within the past two [2J years for any moving violations.
13. Ongoing criminal activity other than minor traffic offenses.
14. Completed first offender treatment for an offense that indicates a security risk to WCSO facilities, records, and/or information.
15. Current illegal drug use.
16. Any pattern of marijuana use that suggests unrehabilitated substance abuse.
17. Any pattern of drug use, other than marijuana, that suggests unrehabilitated substance abuse.
18. Illegal sale, distribution or manufacturing [to include growing] of any drug.
19. Deliberate association of a personal nature within the past year with persons who use illegal drugs in the presence of the applicant.
20. Use or possession of marijuana or non-prescription anabolic steroid within the past year.
21. Use of an illegal drug or combination of illegal drugs, other than marijuana or illegal anabolic steroid use, within the past 10 years.

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 197a, 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-record- information-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/obtaining- criminal-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) ID-258//n9erpr/nt *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

Walker County Sheriff's Office

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: https://www.fbi.Nov/services/ctis/identity-history-summary-checks.

By signing below, I acknowledge that the Walker County Sheriff's Office has provided me with a written copy of the Applicant Privacy Rights. I also acknowledge that my fingerprints will be checked through the FBI criminal history database and am aware of procedures to challenge the accuracy of the information that was obtained.

_____
Print Name

_____
Applicant Signature

_____
Date