



**SHERIFF JOHN MILES**

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**CANDLER COUNTY SHERIFF'S OFFICE  
P.O. BOX 693 • METTER, GEORGIA • 30439**

# **APPLICATION PACKET**





**SHERIFF JOHN MILES**

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**CANDLER COUNTY SHERIFF'S OFFICE  
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# **PEACE OFFICER HIRING PROCESS NON-CERTIFIED**

- **Application Screening**
- **Initial Interview**
- **Physical Agility Test**
- **Academic Test**
- **Background Investigation**
- **Command Staff Interview**
- **Medical Examination**
- **Psychological Evaluation**
- **Drug Screening**



**SHERIFF JOHN MILES**

**CANDLER COUNTY SHERIFF'S OFFICE  
P.O. BOX 693 • METTER, GEORGIA • 30439**

## **APPLICATION FOR EMPLOYMENT**

### **APPLICATION COVER PAGE**

PLEASE PRINT: USE BLACK OR BLUE INK

Date: \_\_\_\_\_

Name

\_\_\_\_\_  
Last First Middle Social Security Number

Address

\_\_\_\_\_  
Street Address City State Zip

Position you are applying for:

- Deputy Sheriff (sworn)  
 Jailer/Dispatcher (sworn)  
 Other \_\_\_\_\_

### **BACKGROUND INVESTIGATION INSTRUCTIONS**

This application is not an offer or contract for employment. The completion of this booklet or any other instrument does not constitute as an agreement or promise to hire you.

### **IMPORTANT: INCOMPLETE APPLICATIONS MAY BE REJECTED**

1. Answer **ALL** applicable questions accurately, truthfully and completely. Provide as much detail as possible whenever an explanation is needed. Discovery of intentional omissions or incorrect answers may be the basis for rejection and disqualification. The information that you provide will be subject to confirmation by administrative investigation, layered voice analysis and other testing measures.
2. You must **provide all supportive documents** required by this agency. Any personal documents that are submitted with your application become the property of the Candler County Sheriff's Office. **Do not submit original documents.**
3. Answer any questions that do not pertain to you as N/A.
4. Circle Yes/No Questions

**THE CANDLER COUNTY SHERIFF'S OFFICE IS AN EQUAL  
OPPORTUNITY EMPLOYER**

# CANDLER COUNTY SHERIFF'S OFFICE

## APPLICATION FOR EMPLOYMENT

PLEASE PRINT: USE TYPED FORM, BLACK OR BLUE INK

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Last) (First) (Middle )

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you willing to work shift work (nights, holidays, weekends, etc.)? YES NO

Full Time Part Time Temporary Seasonal

Position Applied For: \_\_\_\_\_

Date Available For Employment \_\_\_\_\_

Are you at least 21 years of age? Yes No

Are you able to perform all the duties listed in the job announcement? Yes No

If you answered 'No' concerning the job duties, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a high school graduate? Yes No If you are not a high school graduate, do you have a GED? Yes No  
**\*Applicants must be able to provide proof of High School diploma, GED, or College degree.**

High School Name: \_\_\_\_\_ Location: \_\_\_\_\_

College/University Name and Location: \_\_\_\_\_

Major Course of Study: \_\_\_\_\_ Hours Earned: \_\_\_\_\_

Quarter Hours Earned: \_\_\_\_\_ Semester Completed: \_\_\_\_\_ Type of Degree: \_\_\_\_\_

Will you accept the approved starting pay for the position you have applied for? Yes No N/A

Are you related to anyone currently employed by Candler County Sheriff's Office? Yes No

Relative's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Division: \_\_\_\_\_

Are you currently authorized to work for Candler County without sponsorship under US Immigration Law? Yes No

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EMPLOYER**

Can you submit legal verification of your right to work in the United States?                      Yes      No

How did you learn of this employment opportunity?

Other Specify: \_\_\_\_\_

**In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.**

Have you ever been charged with, convicted of, or pleaded guilty or nolo to a felony or misdemeanor, including DUI? \*

Yes      No      If Yes, when? Where? For What?

\_\_\_\_\_

**\*Conviction of a crime will not necessarily disqualify you from employment. All convictions must be listed, attach additional information if necessary.**

**Active Military Service (list date, serial or service number for all active service) Must provide copy of DD214**

From: \_\_\_\_\_

To: \_\_\_\_\_

Serial or Service Number: Branch of Service: \_\_\_\_\_

Type of Discharge received: Honorable Discharge \_\_\_\_\_ General Discharge \_\_\_\_\_ Bad Conduct Discharge \_\_\_\_\_

Describe your **ten-year work history** beginning with your current or most recent job. Include military, volunteer experience **and periods of unemployment**. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and phone numbers for all employers are necessary. A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

**IF YOU HAVE PRIOR LAW ENFORCEMENT EXPERIENCE YOU MUST LIST ALL LAW ENFORCEMENT EMPLOYMENT, EVEN IF IT WAS MORE THAN 10 YEARS AGO.**

**MAY WE CONTACT YOUR CURRENT EMPLOYER?                      Yes      No**

Current Organization/Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Telephone \_\_\_\_\_

Supervisor's Name, Title and Phone Number \_\_\_\_\_

Starting Salary \_\_\_\_\_ Leaving Salary \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

**THE COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER**

Official Job Title \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Volunteer \_\_\_

Describe Specific Job Duties

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Current Organization/Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Telephone \_\_\_\_\_

Supervisor's Name, Title and Phone Number \_\_\_\_\_

Starting Salary \_\_\_\_\_ Leaving Salary \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Official Job Title \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Volunteer \_\_\_

Describe Specific Job Duties

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Current Organization/Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Telephone \_\_\_\_\_

Supervisor's Name, Title and Phone Number \_\_\_\_\_

Starting Salary \_\_\_\_\_ Leaving Salary \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Official Job Title \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Volunteer \_\_\_

Describe Specific Job Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Organization/Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Telephone \_\_\_\_\_

Supervisor's Name, Title and Phone Number \_\_\_\_\_

Starting Salary \_\_\_\_\_ Leaving Salary \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Official Job Title \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Volunteer \_\_\_

Describe Specific Job Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's license? Yes No

Which State: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Class \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Do you have a commercial driver's license? Yes No

Which State: \_\_\_\_\_ Which Type: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Class: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

List all states where you have had a driver's license: \_\_\_\_\_

If applying for a position that requires operating a vehicle or equipment, applicant must provide an MVR for the past 7 years

Have you incurred traffic charges within the last seven years? Do not include parking tickets. Yes No

If Yes, give date(s) and types of charge(s): \_\_\_\_\_

Has your driver's license ever been suspended or revoked? Yes No

If Yes, give reason: \_\_\_\_\_

**SKILLS**

**Word Processing**

Typing (wpm)  
Data Entry (kph)  
Microsoft Word  
Other \_\_\_\_\_

**Database**

dBase IV \_\_\_\_  
Microsoft Access  
Other

**Electronic Mail**

Explorer  
Outlook  
Other

**Spreadsheets**

Lotus  
Quattro  
Excel  
Other

**Other Skills**

Bookkeeping

**Graphics**

Harvard Graphics  
Power Point  
Page Maker  
Other

**Weapons**

Glock  
Shotgun  
Rifle  
TASER  
OC Spray

Languages Spoken:

What special skills, qualifications or certifications have you gained from former employers or other experiences that relate to the type of work for which you are applying?

**List Certificates or Licenses:**

Certificate/Licenses Date Issued Expiration Date




**Please answer the following when applying for a Deputy Sheriff or Reserve Deputy Sheriff Position**

Are you a citizen of the United States?                      Yes                      No

Are you at least 21 years old?                                      Yes                      No

Have you ever been **EMPLOYED** by the Candler County Sheriff's Ofc.: If Yes, give job title, supervisor name, phone number and dates of employment below:                      Yes                      No

Job Title \_\_\_\_\_ Division Supervisor's Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Dates Employed \_\_\_\_\_ TO \_\_\_\_\_

**(Internal Use Only)** Eligible For Rehire:                      Yes                      No

Have you ever **APPLIED** for employment to the Candler County Sheriff's Ofc:    Yes                      No

If yes, when \_\_\_\_\_ What position(s) did you apply for \_\_\_\_\_

What was the outcome? \_\_\_\_\_

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that this application is not a contract of employment. I further understand that should employment be offered, it shall be contingent upon successful completion of a Candler County sponsored drug test and background check conducted by the Candler County Sheriff's Office or assigned agent. I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered. I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application.

I hereby release from liability the employer and its representative for seeking gathering and using such information and all other persons, corporations or organizations for furnishing such information. The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. I understand that it is the county's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

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EMPLOYER**





# CANDLER COUNTY SHERIFF'S OFFICE AFFIDAVIT OF APPLICATION

As the applicant, I state that I understand and/or certify the following:

1. That if I do not wish to answer a question in the application process, I may do so; however, my application may not be processed.
2. Exclusive of the aforementioned statement, all information that is recorded in the application process will be used in relation to consideration or qualification of the applicant for employment only, and no other purpose.
3. That I have read and understand all questions and instructions in this application and that my answers during the application process are true and complete to the best of my knowledge and belief.
4. That truthful and complete responses in the application process are required.
5. That discovery of intentional omissions or incorrect answers may be basis for the termination of the application process and may result in criminal prosecution for the offense of False Statements under Georgia Code Section 16-10-20, a felony punishable by a maximum fine of \$1,000.00 or imprisonment for not less than one (1) or more than five (5) years, or both; or for the offense of False Swearing under Georgia Code Section 16-10-7, a felony punishable by a maximum fine of \$1,000.00 or imprisonment for not less than one (1) or more than five (5) years or both.
6. That falsification during the application process by an individual hired may result in termination of employment with this agency.
7. That the Candler County Sheriff's Office operates within the scope of a Standard Operating Procedure (SOP) and if an offer of employment is made and accepted, the applicant agrees to work in accordance with these policies and procedures.
8. That all information provided will be verified either by interview, testing, psychological testing, medical examination, drug screening, layered voice analysis, and/or computer verification of driver's/criminal history and driver's license status.
9. I understand that if offered employment, my probation period will be a minimum of twelve months as stated in the Candler County Sheriff's Office Personnel Policies Manual. In the event I achieve agency work performance standards within the probationary period, I will be classified as a regular employee. I also understand as a regular employee, should my work performance fall below agency standards, that I may be disciplined, up to and including termination. I further understand that if I am terminated, I must return all property issued to me by the Candler County Sheriff's Office, or make suitable restitution for same.
10. That I may be terminated for any good and sufficient cause, to include, but not limited to criminal activity or violation of Candler County Sheriff's Office policies and procedures. I understand that I may have appeal rights as provided for in the Candler County Sheriff's Office Standard Operating Procedures Manual.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Before me personally appeared the above said person who says that he/she executed the above Affidavit of his/her own accord, with full knowledge of the purpose therefore. *(Notary Not Required if signed with a digital signature)*

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature

(Place Commission Information and Seal)

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# AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND CRIMINAL HISTORY RECORD INFORMATION

I, the undersigned, do hereby authorize the procurement, review and disclosure of all records concerning myself to any duly authorized officers or agents of the Candler County Sheriff's Office, whether said records are of a public, private or confidential nature.

The intent of this authorization is to demonstrate my unconditional consent for the full and complete disclosure of records from educational institutions; financial or credit agencies including credit reports and/or ratings, and other financial statements wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records including internal investigations, reports, background reports, polygraph exam results, efficiency or fit-for-duty reports, complaints, or grievances filed by or against me; all forms of social media network information; the records of my attorney(s) at law or other counsel, either criminal or civil, that has/have represented me in any other matter which I presently have or have had an interest; and any other document or article of information deemed pertinent by the Candler County Sheriff's Office for the purposes of assessing the employment suitability of:

NAME OF APPLICANT (please print): \_\_\_\_\_

I understand that any information obtained by a personal history background investigation, which is prepared in reliance – in whole or in part – upon this Release will be considered in determining my suitability for employment with the Candler County Sheriff's Office. I also certify that any person(s) or entities who may furnish information concerning me shall not be held accountable or liable for giving such information; and I hereby specifically release such person(s) or entities from any and all liability which may or could be incurred as a result of furnishing such information. I also release the Candler County Sheriff's Office from any and all liability associated with the requesting and/or procuring of such information.

I hereby authorize the Candler County Sheriff's Office to receive any criminal history record information and driver's history information pertaining to me or my spouse (if applicable) which may be in the files of any criminal justice agency. A photocopy of the release form will be valid as an original thereof, even though said photocopy does not contain any original writing of my signature.

APPLICANT'S SIGNATURE:

\_\_\_\_\_, SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

*Notary Not Required if signed with a digital signature*

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature  
(Place Commission Information and Seal)

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# EMPLOYMENT NOTIFICATION AND RELEASE

Name (First, Middle, Last): \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Dates Used (from-to): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth (month-day-year): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ What is your current salary? \_\_\_\_\_

## Current Address Month/Year

Street \_\_\_\_\_ From: \_\_\_\_\_

City, State, County \_\_\_\_\_ To: \_\_\_\_\_

## Chronologically list all places of residence for the past ten years Month/Year

Street \_\_\_\_\_ From: \_\_\_\_\_

City, State, County \_\_\_\_\_ To: \_\_\_\_\_

Street \_\_\_\_\_ From: \_\_\_\_\_

City, State, County \_\_\_\_\_ To: \_\_\_\_\_

Street \_\_\_\_\_ From: \_\_\_\_\_

City, State, County \_\_\_\_\_ To: \_\_\_\_\_

The purpose of this release is to allow the Candler County Sheriff's Office or their assigns, to obtain pre-employment information which may include any lawful investigation not limited to my educational, criminal, driving, credit, and employment histories, while maintaining compliance with all governmental laws.

If the Candler County Sheriff's Office considers the background check unfavorable, I agree that the Candler County Sheriff's Office may deny me the assignment or discharge me from employment. I release the Candler County Sheriff's Office, its officers, agents, employees, and assigns from all liability resulting from the collection, use, storage, or discharge of information obtained for pre and post-employment, promotion, reassignment, and/or retention as an employee.

I certify that the information contained within the employment application and notification and release are complete and true. I have read this release and consent, understand its terms, realize its significance, and sign it voluntarily.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Please fax or email completed form to 912-685-4983 or [applicant@candlersheriff.com](mailto:applicant@candlersheriff.com)

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## SOCIAL ACQUAINTANCES

Applicant's Name: \_\_\_\_\_

**List five people whom you know well and who live in the United States. They should be a good friend, peer, colleague, etc, whose combined association with you covers as much as possible of the last 10 years. DO NOT list your spouse, former spouse, other relatives, or anyone who is listed elsewhere in this application.**

1. Complete Name (Last, Middle, First):

\_\_\_\_\_

Home Address: \_\_\_\_\_ (City, State, Zip Code): \_\_\_\_\_

Day Phone (Including Area Code): \_\_\_\_\_ Evening Phone (Including Area Code): \_\_\_\_\_

Cell Phone (Including Area Code): \_\_\_\_\_ Years Acquainted and Relationship: \_\_\_\_\_

Occupation:

\_\_\_\_\_

2. Complete Name (Last, Middle, First):

\_\_\_\_\_

Home Address: \_\_\_\_\_ (City, State, Zip Code): \_\_\_\_\_

Day Phone (Including Area Code): \_\_\_\_\_ Evening Phone (Including Area Code): \_\_\_\_\_

Cell Phone (Including Area Code): \_\_\_\_\_ Years Acquainted and Relationship: \_\_\_\_\_

Occupation:

\_\_\_\_\_

3. Complete Name (Last, Middle, First):

\_\_\_\_\_

Home Address: \_\_\_\_\_ (City, State, Zip Code): \_\_\_\_\_

Day Phone (Including Area Code): \_\_\_\_\_ Evening Phone (Including Area Code): \_\_\_\_\_

Cell Phone (Including Area Code): \_\_\_\_\_ Years Acquainted and Relationship: \_\_\_\_\_

Occupation:

\_\_\_\_\_

4. Complete Name (Last, Middle, First):

\_\_\_\_\_

Home Address: \_\_\_\_\_ (City, State, Zip Code): \_\_\_\_\_

Day Phone (Including Area Code): \_\_\_\_\_ Evening Phone (Including Area Code): \_\_\_\_\_

Cell Phone (Including Area Code): \_\_\_\_\_ Years Acquainted and Relationship: \_\_\_\_\_

Occupation:

\_\_\_\_\_

5. Complete Name (Last, Middle, First):

\_\_\_\_\_

Home Address: \_\_\_\_\_ (City, State, Zip Code): \_\_\_\_\_

Day Phone (Including Area Code): \_\_\_\_\_ Evening Phone (Including Area Code): \_\_\_\_\_

Cell Phone (Including Area Code): \_\_\_\_\_ Years Acquainted and Relationship: \_\_\_\_\_

Occupation:

\_\_\_\_\_

## NEIGHBOR REFERENCES

Applicant's Name: \_\_\_\_\_

**List three references who reside next to you or across the street from your current address. If you have no current references residing next to you or across the street from your current address, you may use former neighbor references, landlords or roommates.**

1. Complete Name (Last, Middle, First):

\_\_\_\_\_

Home Address: \_\_\_\_\_ (City, State, Zip Code): \_\_\_\_\_

Day Phone (Including Area Code): \_\_\_\_\_ Evening Phone (Including Area Code): \_\_\_\_\_

Cell Phone (Including Area Code): \_\_\_\_\_ Years Acquainted and Relationship: \_\_\_\_\_

Occupation:

\_\_\_\_\_



2. Complete Name (Last, Middle, First):

\_\_\_\_\_

Home Address: \_\_\_\_\_ (City, State, Zip Code): \_\_\_\_\_

Day Phone (Including Area Code): \_\_\_\_\_ Evening Phone (Including Area Code): \_\_\_\_\_

Cell Phone (Including Area Code): \_\_\_\_\_ Years Acquainted and Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

3. Complete Name (Last, Middle, First):

\_\_\_\_\_

Home Address: \_\_\_\_\_ (City, State, Zip Code): \_\_\_\_\_

Day Phone (Including Area Code): \_\_\_\_\_ Evening Phone (Including Area Code): \_\_\_\_\_

Cell Phone (Including Area Code): \_\_\_\_\_ Years Acquainted and Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

**SOCIAL NETWORK USAGE AND HISTORY**

Do you currently have, or ever had an account with any of the following social networking sites?

Facebook ©	Yes	No
Instagram ©	Yes	No
Twitter ©	Yes	No
LinkedIn©	Yes	No

The Candler County Sheriff's Office reviews all law-enforcement applicants social media accounts as a pre-employment condition. Applicants are not required to provide usernames or passwords, but, if asked they must log on to their social networking sites and allow a police background investigator to review the contents.

## BACKGROUND QUESTIONNAIRE

1. Do you have a valid driver's license? \_\_\_\_\_ If no, explain: \_\_\_\_\_

\_\_\_\_\_

2. Has your driver's license ever been suspended for any reason? \_\_\_\_\_

If yes, provide an explanation, location and date:

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever been convicted or pled NOLO to D.U.I.? \_\_\_\_\_

If yes, provide explanation, location and date. Also attach the court disposition.

\_\_\_\_\_

\_\_\_\_\_

4. Have you ever been convicted or pled NOLO to a misdemeanor offense? \_\_\_\_\_

If yes, provide an explanation, location and date. Also attach the court disposition.

\_\_\_\_\_

\_\_\_\_\_

5. Have you ever been convicted or pled NOLO to a felony offense? \_\_\_\_\_

If yes, provide explanation, location and date. Also attach the court disposition.

\_\_\_\_\_

\_\_\_\_\_

6. Are you a U.S. military veteran? \_\_\_\_\_ If yes, provide a copy of your DD-214.

7. While in the military, were you subject to punishment under the U.C.M.J.? \_\_\_\_\_

If yes, explain and attach supporting documents.

\_\_\_\_\_

\_\_\_\_\_

8. Have you ever been suspended, terminated or forced to resign in lieu of termination from any place of employment? \_\_\_\_\_

If yes, provide an explanation, date and employer. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. At this time, do you have any criminal charges pending against you, including, but not limited to, traffic citations or domestic violence? \_\_\_\_\_

If yes, provide an explanation, including the date and the law enforcement agency.

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10. Have you ever been convicted or pled NOLO under the First Offenders Act? \_\_\_\_\_

If yes, provide an explanation, including the location and date. Also attach court disposition.

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11. Have you ever been involved in the purchase, sale, distribution or manufacturing of ANY illegal drugs? \_\_\_\_\_

If yes, provide an explanation, date, time, your age at the time and the location. \_\_\_\_\_

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12. Have you ever used an illegal drug, including but not limited to Marijuana, Cocaine, Heroin, Angel Dust, PCP, LSD, Acid or any other hallucinogenic such as Crack, Crank, Opium, Quaaludes, Speed, Mushrooms, Peyote, Ecstasy or MDMA, Ice, Hashish, Steroids, Crystal, Methadone, Morphine, Valium or any other illegal substance not mentioned above?

\_\_\_\_\_

If yes, furnish complete details below.

DRUG USED	DATE FIRST USED	DATE LAST USED	# OF TIMES USED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Do you have an employment application currently pending with any other law enforcement agency? \_\_\_\_\_

If yes, provide details \_\_\_\_\_

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14. Within the past two years, have you applied for employment with any other law enforcement agency? \_\_\_\_\_

If yes, provide details \_\_\_\_\_

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15. Will you accept shift and/or rotating shift work? \_\_\_\_\_ Yes \_\_\_\_\_ No

16. The following question applies only to persons who are currently, or have in the past been, employed by a law enforcement agency:

Were you ever the subject of an Internal Affairs investigation? \_\_\_\_\_

If yes, provide explanation, the date and the law enforcement agency: \_\_\_\_\_

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17. Have you undergone a polygraph or layered voice analysis examination within the past two years? \_\_\_\_\_

If yes, where was the examination given and for what purpose \_\_\_\_\_

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**Answering yes or no to any of the above questions will not necessarily result in disqualification from the hiring process; however, intentional omissions or dishonesty in any of the documents submitted, as part of your application or during any part of the hiring process, will serve as justification for immediate removal from further consideration.**

**Candler County Sheriff's Office**  
**1015 E. Hiawatha St**  
**Metter, Georgia 30439**  
**912-685-2568**  
**912-685-2664**  
**[www.candlersheriff.com](http://www.candlersheriff.com)**

**Name-Based Criminal History Record Information Consent/Inquiry Form**

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

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for \_\_\_\_\_ days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

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

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
 Agency Designee Signature and Title



**SHERIFF JOHN MILES**

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**CANDLER COUNTY SHERIFF'S OFFICE  
P.O. BOX 693 • METTER, GEORGIA • 30439**

**CANDLER COUNTY SHERIFF'S OFFICE**

**WAIVER AND RELEASE FORM**

I hereby request that I be permitted to attempt completion of the **PHYSICAL ABILITIES TEST**, which is administered by the of Candler County Sheriff's Office or its agents. I hereby release Candler County Sheriff's Office, its employees and its agents, from all liability arising from their developing and/or conducting such test(s). Further, I voluntarily release, waive, and discharge Candler County Sheriff's Office, its employees and its agents, for any and all claims, demands, damages, and causes of action of any nature whatsoever which I, my heirs, my assigns, or my successors may have against Candler County Sheriff's Office, its employees or its agents, on account of, or by reason of my engaging in the **PHYSICAL ABILITIES TEST**.

I represent that I am physically fit and can perform these test safely. I also authorize the Candler County Sheriff's Office to release information regarding my application, status, and test results to criminal justice and public safety employing agencies.

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Signature

Date

---

Printed Name

Social Security Number