

# **Houston County Sheriff's Office Communication Division**



## **Hiring Process**

January 2022

*“We, the men and women of the Houston county Sheriff Department Communications Division, are dedicated to improving the quality of life in our community by providing an effective channel of communication between the public and public safety providers. We are committed to providing a professional response to each call for service that is caring and helpful. We are responsible for the uninterrupted flow of information in the area of emergency services communication. We are organized, trained, and committed to maximize effective and efficient public service to maintain a positive work environment. We work to fulfill our mission in a manner that inspired the public’s trust and confidence and protects the constitutional rights of each citizen.” - Houston County Emergency Services Mission Statement*

The mission statement from the Houston County Emergency Services Policy Manual, sets forth a standard for the staff. Traits identified are professionalism, ethical, honest, service, and commitment.

Houston County Communication Division’s Agency Goals are as follows: *“We are committed to the highest level of performance by providing effective, efficient and courteous service. We continually strive to protect life and property, and to be sensitive to the needs of others. We pledge to treat all with dignity and respect. Through continued education and training, we endeavor to achieve and maintain our tradition of excellence. All employees will devote their time and attention to the Houston County 911 Emergency Communications Center and the functions thereof. They will not engage in any activity that may interfere with the efficiency of the Center nor will they participate in, or be a part of, any activity that would reflect a bad image of the Center. Whenever dealing with the public, employees will conduct themselves in a courteous manner and refrain from boisterous conduct. Furthermore, employees will display respect and courtesy when dealing with other employees.”*

Furthermore, O.C.G.A. 35-8-23 establishes *minimum* selection standards. It includes criteria on citizenship, age, and education. It also requires applicants be found of good moral character and be found free of any physical, emotional, or mental condition.

After reviewing the Georgia Peace Officer Standards and Training Council (P.O.S.T.) *Manual for Background Investigators*, state, and federal laws, and CALEA (Commission on Accreditation for Law Enforcement Agencies), the following areas should be included in the selection process:

**Phase One:**

Application and required documentation review:

- Credit Score and Report (minimum requirement 500 or higher to submit application. Can be obtained at [www.creditkarma.com](http://www.creditkarma.com) or [www.annualcreditreport.com](http://www.annualcreditreport.com))
- Certified Drivers History (Will need a 7-year history. Can obtain history at Driver’s License Department)
- Birth Certificate (Must be a U.S. or Naturalized Citizen- Will need birth certificate or one or more of the following: Baptismal Record, Draft Card, Court Records, Passport, Citizenship papers, Armed Forces Discharge Paper (DD214), Certified.)

- High School Diploma or equivalent (If you do not have your certificate for proof, you can submit a certified transcript showing graduation dates or an accredited College degree or certified college transcripts showing graduation date.
- Preliminary background check (DDS and state files)
  - Application Review
  - Credit score and report review
  - Driver's History Review
  - Criminal History Review
  - Internet Check (Twitter, Facebook, Google, Instagram, etc.)
  - Personal History Questionnaire (PHQ) review

**Phase Two: (If you are called in for second phase, prepare to stay for the entire day)**

- Realistic Job Preview
- Cognitive Testing (Must pass cognitive testing with an 80- or higher to go to next phase)
- Writing Exercise
- Typing Test
- Panel Interview
- Two Hour Observation

**Phase Three:**

- Interview with Captain and Lieutenant
- Personal / Professional References Checked
- Detailed Background investigation

**Phase Four:**

- Psychological Test
- Conditional Offer of Employment (COE) letter
- Complete Physical and Drug screen
- Hearing / Vision Test
- Interview with Sheriff, if needed. (All appointments must be approved by the Sheriff.)

Although rigorous, this process is designed to provide for the best opportunity to select new hires that will represent the Sheriff with the highest level of professionalism and integrity.

## **Application and Required Documentation**

The candidate should print or pick up an application packet from the 911 center. The packet should include:

- Application accuracy notice
- Application instructions
- Selection process outline and what to expect during the process
- Houston County Application for Employment
- List of required documentation to be turned in with the application
  - o Birth Certificate or proof of citizenship
  - o Copy of valid driver's license
  - o Copy of High School Diploma or GED
  - o DD-214 long form showing character of service (if applicable)
  - o Recent color photograph
  - o Credit history to include credit score
  - o Certified copy of Drivers History (7-year history)
- Job summary to include minimum requirements and special requirements
- U.S. Fair Credit Reporting Act (FCRA) of 1996 advisement and authorization
- Personal History Questionnaire (PHQ)
- Reference release statement form
- Authorization to release information form
- Willingness checklist
- Candidate data sheet (information required by P.O.S.T.)
- Lautenberg Act (18 U.S.C. 922) screening form
- Consent to background investigation, physical examination, and drug testing form

## Application Accuracy Notice

It is to your advantage to be absolutely truthful in answering all questions in your interviews, on your application and personal history questionnaire.

A misstatement of fact or the omission of requested information is ground for automatic rejection.

We have found in the past that some applicants have been rejected because of a misstatement or omission where the fact which they attempted to hide would not have been a reason for rejection.

We encourage you to be absolutely truthful in these matters.

I fully understand what I have read:

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Applicant Printed Name

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Applicant Signature / Date

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Witness Printed Name

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Witness Signature / Date

## **Instructions and Information**

**Please read carefully before beginning.**

1. A background investigation will be conducted based on the information you provided in this application. It is critical that you fill out this application completely, truthfully, and accurately. If at any point during the background investigation, or thereafter, it is found that you misrepresented, deliberately omitted, or falsified any information, you will be automatically disqualified from further consideration. It is imperative that you list any convictions to include a finding or a verdict of guilt or a plea of guilty and a plea of Nolo Contendere in a criminal proceeding, regardless of whether the judgment of guilt or sentence is withheld or not entered thereon. This includes first offenders (Georgia State Law 35-8-7.1). You will need to include a reason for the violation.

***Do not leave any blanks in this packet. If an item does not apply, write N/A.***

2. The following situation WILL prohibit an applicant from serving as a Communication Deputy:
  - Conviction in any Court of a felony offense.
  - Conviction in any Court of a drug related offense.
  - Less than eighteen (18) years of age at the time of appointment.
3. The following situations MAY prohibit an applicant from serving as a Communication Deputy:
  - Any pending criminal action in any court.
  - A military Discharge other than Honorable.
  - Seven (7) or more points accumulated against drivers' record at the time of the application.
  - Not a citizen of the United States of America.

***Note: An applicant, who has received an official pardon or other similar action for any offense or applicable condition as stated above, is not obligated to disclose the offense or condition in this application. If, however, during the course of a background investigation, facts are discovered regarding the offense or condition, the applicant may be required to produce proof of such pardon or action to remain in consideration for employment.***

4. If you have any questions regarding this application, please contact the Houston County Sheriff's Office Communications Division at (478) 542-9911. For specific questions about positions with the Houston County Sheriff's Office Communication Division, please contact the Houston County Sheriff's Office Communications Division at (478) 542-9911.
5. Once completed, signed, dated, and all required documents attached, return the application to the Houston County Communication Division at 200 Carl Vinson Pkwy in Warner Robins, Ga.

## Selection Process Outline

The purpose of this letter is to inform you the procedures that we take during the selection process. It is very important the application submitted is completed in full, as incomplete applications will not be considered for employment. Once we have received your completed application, the process could take anywhere from 4 to 6 weeks to complete. If you are ruled out as a prospective employee, at any time during the process, you will be notified in writing. You may only submit an application every six months. The application process are as follows:

### Phase One:

- Application and required documentation review:
  - Credit Score and Report (minimum requirement 500 or higher to submit application. Can be obtained at [www.creditkarma.com](http://www.creditkarma.com) or [www.annualcreditreport.com](http://www.annualcreditreport.com))
  - Certified Drivers History (Will need a 7-year history. Can obtain history at Driver's License Department)
  - Birth Certificate (Must be a U.S. or Naturalized Citizen- Will need birth certificate or one or more of the following: Baptismal Record, Draft Card, Court Records, Passport, Citizenship papers, Armed Forces Discharge Paper (DD214), Certified.)
  - High School Diploma or equivalent (If you do not have your certificate for proof, you can submit a certified transcript showing graduation dates or an accredited College degree or certified college transcripts showing graduation date.
- Preliminary background check (DDS and state files)
  - Application Review
  - Credit score and report review
  - Driver's History Review
  - Criminal History Review
  - Internet Check (Twitter, Facebook, Google, Instagram, etc.)
  - Personal History Questionnaire (PHQ) review

### Phase Two: (If you are called in for second phase, prepare to stay for the entire day)

- Realistic Job Preview
- Cognitive Testing (Must pass cognitive testing with an 80- or higher to go to next phase)
- Writing Exercise
- Typing Test
- Panel Interview
- Two Hour Observation

### Phase Three:

- Interview with Captain and Lieutenant
- Personal / Professional References Checked
- Detailed Background investigation

**Phase Four:**

- Psychological Test
- Conditional Offer of Employment (COE) letter
- Complete Physical and Drug screen
- Hearing / Vision Test
- Interview with Sheriff, if needed. (All appointments must be approved by the Sheriff.)

I fully understand what I have read:

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Applicant Printed Name

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Applicant Signature / Date

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Witness Printed Name

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Witness Signature / Date



## Use of Credit Information for Employment Purposes

The U.S. Fair Credit Reporting Act (FCRA) of 1996 (15 U.S. Code 1681, Section 604(b)) requires that you be notified separately of your rights before any prospective employer may use credit data as part of an employment decision.

You are hereby notified that your prospective employer intends to use credit data as **part** of its decision-making process for the position for which you have applied. You will be required to furnish your credit report with credit score to your prospective employer. You can go to [www.creditkarma.com](http://www.creditkarma.com) or [www.annualcreditreport.com](http://www.annualcreditreport.com) to get your credit report.

Before you submit your credit information to your prospective employer, you need to verify the information on the report is accurate. Once submitted by you, the report will be considered accurate and complete.

CERTIFICATION: I certify that Houston County Emergency Services has my consent to view my credit report and score for the limited purpose of my pre-employment background investigation.

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Applicant Printed Name

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Applicant Signature / Date

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Witness Printed Name

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Witness Signature / Date

## Personal History Questionnaire

Do you have any special skills or training that would be helpful to you if you were selected for a Communication Deputy position?

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Do you fluently speak or write any foreign languages? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please list: \_\_\_\_\_

Do you possess any profession licenses such as pilot, etc.? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, please list: \_\_\_\_\_

### Communication Deputy Employment History

List previous Communication Deputy employment starting with the most recent first:

Name/Address of Agency \_\_\_\_\_

Dates of Employment Reason for leaving \_\_\_\_\_

Name and telephone number of immediate supervisor \_\_\_\_\_

Job Title: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_

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May we contact this agency? YES \_\_\_\_\_ NO \_\_\_\_\_

Name/Address of Agency \_\_\_\_\_

Dates of Employment Reason for leaving \_\_\_\_\_

Name and telephone number of immediate supervisor \_\_\_\_\_

Job Title: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_

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May we contact this agency? YES \_\_\_\_\_ NO \_\_\_\_\_

Name/Address of Agency \_\_\_\_\_

Dates of Employment Reason for leaving \_\_\_\_\_

Name and telephone number of immediate supervisor \_\_\_\_\_

Job Title: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_

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May we contact this agency? YES \_\_\_\_\_ NO \_\_\_\_\_

**Complete this section only if you are currently or have been a Communication Deputy.**

Are you currently a certified Communication Deputy? \_\_\_\_\_

If "YES", State of Certification: \_\_\_\_\_ Certification #: \_\_\_\_\_

Certification date: \_\_\_\_\_ Name of Training Center: \_\_\_\_\_

How many years of law enforcement experience do you have? \_\_\_\_\_

Have you ever been the subject of an internal investigation? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", attach an explanation to this application giving full details.

Have you ever resigned in lieu of termination? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", attach an explanation to this application giving full details.

**NON-LAW ENFORCEMENT EMPLOYMENT HISTORY**

List all previous employment for the past ten (10) years, beginning with the most recent first.

Name/Address of Employer: \_\_\_\_\_

Dates of Employment Reason for leaving \_\_\_\_\_

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Name and telephone number of immediate supervisor \_\_\_\_\_

Job Title: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact this employer? YES \_\_\_\_\_ NO \_\_\_\_\_

Name/Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment Reason for leaving \_\_\_\_\_

\_\_\_\_\_

Name and telephone number of immediate supervisor \_\_\_\_\_

Job Title: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact this employer? YES \_\_\_\_\_ NO \_\_\_\_\_

Name/Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment Reason for leaving \_\_\_\_\_

\_\_\_\_\_

Name and telephone number of immediate supervisor \_\_\_\_\_

Job Title: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact this employer? YES \_\_\_\_\_ NO \_\_\_\_\_

Name/Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment Reason for leaving \_\_\_\_\_

\_\_\_\_\_  
Name and telephone number of immediate supervisor \_\_\_\_\_

Job Title: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact this employer? YES \_\_\_\_\_ NO \_\_\_\_\_

Name/Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment Reason for leaving \_\_\_\_\_

\_\_\_\_\_

Name and telephone number of immediate supervisor \_\_\_\_\_

Job Title: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact this employer? YES \_\_\_\_\_ NO \_\_\_\_\_

Name/Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment Reason for leaving \_\_\_\_\_

\_\_\_\_\_

Name and telephone number of immediate supervisor \_\_\_\_\_

Job Title: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact this employer? YES \_\_\_\_\_ NO \_\_\_\_\_

## Criminal Record History

Please check appropriate responses.

**Yes**   **No**

- Have you ever been arrested, charged, or convicted of a felony offense?
- Have you ever been arrested, charged, or convicted of a firearms or explosive charge?
- Are there currently any charges pending against you for any criminal offense?
- Have you ever been arrested, charged, or convicted of any offenses related to alcohol or drugs?
- Have you ever been given a traffic citation? (list all citations below)
- Have you ever been arrested, charged, or convicted of a domestic violence offense?
- Are you currently or have you ever been under investigation?

### **Explain below any questions that you have answered yes to above:**

Date of Offense /Law Enforcement Authority/Court

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## Personal References

Personal references (other than family members):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_



## Professional References

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

# BACKGROUND INFORMATION

## (Marital and Family Information)

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_

Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Spouse name: \_\_\_\_\_

Spouses occupation: \_\_\_\_\_

Spouse's employer: \_\_\_\_\_

Is your spouse in favor of you becoming a Communication Deputy? YES \_\_\_\_\_ NO \_\_\_\_\_

Father's full name: \_\_\_\_\_

Address: \_\_\_\_\_

Living \_\_\_\_\_ Deceased \_\_\_\_\_

Mother's full name: \_\_\_\_\_

Address: \_\_\_\_\_

Living \_\_\_\_\_ Deceased \_\_\_\_\_

Brothers:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Sisters:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Father-in-law's full name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother-in-law's full name: \_\_\_\_\_

Address: \_\_\_\_\_

Closest living relative: \_\_\_\_\_

Address: \_\_\_\_\_

List every child born to you:

Child's Name, Date of Birth, and Address where child resides:

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Are you supporting all children born to you or adopted by you? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you related to any Houston County employee? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please name the employee: \_\_\_\_\_

What Department do they work in? \_\_\_\_\_

Do you know any employees of the Sheriff's Office? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give their names: \_\_\_\_\_

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### OTHER INFORMATION

This position may require you to:

Wear a uniform. Do you agree? YES \_\_\_\_\_ NO \_\_\_\_\_

Work rotating shift. Do you agree? YES \_\_\_\_\_ NO \_\_\_\_\_

Work overtime. Do you agree? YES \_\_\_\_\_ NO \_\_\_\_\_

Work nights. Do you agree? YES \_\_\_\_\_ NO \_\_\_\_\_

Work weekends. Do you agree? YES \_\_\_\_\_ NO \_\_\_\_\_

Work holidays. Do you agree? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever had experience working shift work? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, where and when: \_\_\_\_\_

If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answer will be checked with the FBI and other agencies.

Agency / Date / Purpose

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Do you drink alcoholic beverages? YES \_\_\_\_ NO \_\_\_\_  
If yes, when was the last time? \_\_\_\_\_  
Have you ever used marijuana? YES \_\_\_\_ NO \_\_\_\_  
If yes, when was the last time? \_\_\_\_\_  
Have you ever used any other illegal drugs, opiates, pills, etc.? YES \_\_\_\_ NO \_\_\_\_  
What were the circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you now or have you ever associated with anyone that uses drugs?  
YES \_\_\_\_ NO \_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired or permitted to resign employment for breach of trust, embezzlement, theft, or other crime? YES \_\_\_\_ NO \_\_\_\_  
If yes, what were the circumstances? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired or permitted to resign employment for abuse of authority or for any disciplinary reasons? YES \_\_\_\_ NO \_\_\_\_  
If yes, what were the circumstances? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Internet Check Release

It is essential for every applicant to recognize that the proper functioning of any 9-1-1 Center relies upon the public's confidence and trust in its agency. Therefore, any matter which brings or could potentially bring individual employees or the agency into disrepute has the corresponding effect of reducing public confidence and trust in our agency. As such, the policy of this division is to perform an internet check on all applicants. All candidates seeking employment with this agency shall be required to complete an affidavit indicating their participation in any social networking sites. This affidavit shall include the name of the sites. The candidate shall provide the agency with access to their site as part of any background examination.

Please check below if you have an active account with any of the listed sites.

- Facebook Name: \_\_\_\_\_
- Instagram screen name: \_\_\_\_\_
- Twitter handle: \_\_\_\_\_
- Other Social Network: \_\_\_\_\_

List any other sites in which you participate in any online blogging, journaling, or posting of comments/opinions for public access or viewing:

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\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature / Date

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Signature / Date



Lined writing area with horizontal lines.

**ATTESTATION**

I attest, by my signature below, that all the information supplied by me in this Personal History Questionnaire is true and correct to the best of my knowledge. I understand that any material misstatement of fact or attempt to conceal any information will automatically disqualify me for employment as a Communication Deputy with the Houston County Sheriff’s Office.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature / Date

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Signature / Date

**THIS APPLICATION WILL BE ACTIVE UNTIL THE CANDIDATE IS DECLARED INELIGIBLE OR FOR 6 MONTHS WHICHEVER COMES FIRST.**



## **REFERENCE RELEASE STATEMENT / FORM**

(To be mailed to the reference or completed by phone interview)

I authorize the addressed individual, company, or institution to furnish the Houston County Sheriff's Office with any information that they may have concerning me which they have on record or otherwise; and I release such individual, company, or institution and the Houston County Sheriff's Office from any and all liability for any damage whatsoever incurred in furnishing such information. A photocopy of my signature on this page will suffice as an original.

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Applicant Printed Name

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Applicant Signature / Date

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Witness Printed Name

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Witness Signature / Date

## WILLINGNESS CHECKLIST

In the past, many people have taken the job of Communication Deputy without carefully considering the requirements of the work. It is in your best interest to answer each question honestly. For each job requirement on the list below, circle "YES" if you are willing to do it. "NO" if you are not willing.

Do you believe that you can set aside any personal prejudices and be fair in dealing with callers?

**Yes No**

Are you willing to work a twelve (12) hour shift? **Yes No**

Are you willing to work alternating weekends? **Yes No**

Are you willing to work all holidays which are not on your regular days off? **Yes No**

In the event of an emergency, such as a shift vacancy, are you willing to work on your day(s) off? **Yes No**

Are you willing to wear a uniform to work every day? **Yes No**

Are you willing to work in a tobacco free environment? **Yes No**

Are you willing to participate in training to learn and develop techniques and skills required of a Communication Deputy? **Yes No**

Are you willing to instruct first aid, including CPR, to callers who are ill or injured? **Yes No**

Are you willing to work in an environment which can be noisy? **Yes No**

Are you willing to work on a computer for long periods of time? **Yes No**

Are you willing to work in a situation where you may be cursed at and/or verbally threatened?

**Yes No**

If you circled no to any of these questions, you are probably not suited for this type of work and should not continue to pursue a position as a Communications Deputy.

*I have read the above and wish to continue with the application process.*

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Applicant Printed Name

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Applicant Signature / Date

## CANDIDATE DATA SHEET

This Information is required by P.O.S.T. To be used to create Data Gateway account and complete Communication Deputy school application.

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Suffix (Sr. Jr) \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City & State of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_

Eye color: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name of High School: \_\_\_\_\_

High School City & State: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ GED: \_\_\_\_\_

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

I hereby give consent for the \_\_\_\_\_ to receive any Georgia  
Criminal Justice Agency  
 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

- 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: \_\_\_\_\_ Operators Initials: \_\_\_\_\_  
 Purpose Code used: (check one)

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

In inquiry resulted in the following: (Check all that apply)

	No Georgia or III CHRI results available.
	Georgia / III CHRI attached / released.

	No NCIC / GCIC Warrant results available.
	Possible NCIC / GCIC Warrant. Contact Agency Listed Below.
Wanting Agency Name:	
Agency Telephone:	

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

To: Sheriff Cullen Talton  
202 Carl Vinson Pkwy  
Warner Robins, GA 31088

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<b>SIGNATURE</b>			<b>SSN</b>			
<b>PRINTED NAME</b>			<b>DRIVERS LICENSE STATE AND NUMBER</b>			
<b>PHYSICAL ADDRESS (No P.O. Boxes)</b>			<b>DOB</b>			
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>SEX</b>	<b>RACE</b>	<b>HGT</b>	<b>WGT</b>

Accept this instrument as my personal request and authorization to conduct a comprehensive personal background investigation, including pending charges of any description, a complete traffic history, criminal history (including first offender status, if applicable). Credit history report, medical records, full and complete disclosure of educational institutions, financial statements and records, wherever filed; Veterans administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency rating, complaints or grievance by or against me. Furthermore, I voluntarily, FULLY CONSENT TO UNDERGO PHYSICAL EXAMINATION AND URINALYSIS DRUG SCREEN TESTING. I am fully aware, and consent that the information gathered in this screening process, be known to the officers and employees of the Houston County Sheriff's Office, as well as the officers and employees of the Houston County Personnel Department and the Georgia Peace Officers Standards and Training Council. I am aware that such information is required for application for P.O.S.T. certification, and employment with the Houston 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. Therefore, I AGREE THAT THE INFORMATION ACQUIRED IN THIS INVESTIGATION BE USED FOR EMPLOYMENT, TERMINATION, OR DISCIPLINARY DETERMINATIONS, and that such information becomes a matter of public information and is accessible to the public under existing laws.

In consideration of making application for employment, and in complete understanding of the foregoing facts and possible results, I agree to hold to all elements of this release waiver, and further agree TO HOLD HARMLESS, SHERIFF CULLEN TALTON, AND ALL OTHER EMPLOYEES OF THE HOUSTON COUNTY SHERIFF'S OFFICE, AND HOUSTON COUNTY, FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION, INCLUDING ACT OF OMISSION OR COMMISSION.

This declaration is made freely and voluntarily without fear of punishment or promise of reward, and with full and complete understanding of the terms and consequences of my action.

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

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Applicant Printed Name	Applicant Signature / Date
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# HOUSTON COUNTY

## APPLICATION FOR EMPLOYMENT

It is the policy of Houston County to select new employees and to promote current employees without regard to race, sex, religion, national origin, marital status or disability.

**INSTRUCTIONS:** You must answer all items on this application fully and accurately. The information that you give will be used in determining your qualifications and rating for employment. If an item does not apply to you, or if there is no information to be given, write the letters "N/A" for Not Applicable. **PRINT IN INK OR TYPE.** A resume may be attached BUT WILL NOT be accepted in lieu of this application. In order to be assured consideration for employment, your application must be received no later than the closing date of the vacancy announcement.

Position(s) Desired:	Date:
(1) _____ (2) _____ (3) _____	
_____ Full Time _____ Part Time _____ Temporary	Salary Desired: _____

### PERSONAL DATA

Name:	Last	First	Middle	Social Security Number
Address:	No. & Street	Apt. No.		City, State, Zip

Telephone Numbers:	Are you between the ages of 17 and 70?
Home: _____ Business: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

U. S. Citizen or Permanent VISA  
 Yes  No If no, give work permit number: \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? (A conviction does not automatically exclude you from employment consideration <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on a separate sheet.	Do you have a relative working for the county? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name(s) and relationship.
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Have you ever been employed by Houston County?  Yes  No If yes, give dates, location and job classification: \_\_\_\_\_

Do you possess a valid motor vehicle Driver's License?  Yes  No Class \_\_\_\_\_ Lic No. \_\_\_\_\_

### EDUCATION

	Name and Location	From Mo/Yr	To Mo/Yr	Highest Grade Completed	Did You Graduate	Type Degree	Major	Date Degree Obtained or To Be Obtained
High School								
College(s)								
(Other if Applicable)								
Graduate School								

### MILITARY

Branch of U.S. Service \_\_\_\_\_ From Mo/Yr. \_\_\_\_\_ To Mo/Yr. \_\_\_\_\_ Rank \_\_\_\_\_

Major Duties: (Explain on separate sheet) \_\_\_\_\_

Honorable Discharge: \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, explain on separate sheet)

Service Schools or special training (Explain on separate sheet) \_\_\_\_\_

Do you have a Reserve Obligation? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please describe) \_\_\_\_\_

EMPLOYMENT HISTORY: Please provide a complete employment history, listing all positions held, including **military**, part-time, summer, and volunteer. It is most important that you provide exact dates of employment, exact title or position, and detailed description of duties. If you held more than one position with an employer, please treat each position separately. This information will help determine eligibility. If submitting a resume, complete all information except Job Duties.

Were you ever discharged or asked to resign from any position?  Yes  No May we contact your present employer  Yes  No

**(Begin with your present or most recent employer)**

Name of Employer		Address	
Employment Dates (mo/yr)	Salary _____ hrs/wk	Name and Title of Supervisor	Telephone Number
from _____ / _____	Starting: \$ _____ per _____	Job Duties	
to _____ / _____	Present: \$ _____ per _____		
Position Title		Reason for Leaving	
Reason for Leaving			

Name of Employer		Address	
Employment Dates (mo/yr)	Salary _____ hrs/wk	Name and Title of Supervisor	Telephone Number
from _____ / _____	Starting: \$ _____ per _____	Job Duties	
to _____ / _____	Present: \$ _____ per _____		
Position Title		Reason for Leaving	
Reason for Leaving			

Name of Employer		Address	
Employment Dates (mo/yr)	Salary _____ hrs/wk	Name and Title of Supervisor	Telephone Number
from _____ / _____	Starting: \$ _____ per _____	Job Duties	
to _____ / _____	Present: \$ _____ per _____		
Position Title		Reason for Leaving	
Reason for Leaving			

**REFERENCES**

List three references (NOT minors, relatives or former employers) who have known you well during the past few years.

NAME	ADDRESS	OCCUPATION	PHONE NO.	NO. YEARS KNOWN

**CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION**

I CERTIFY that the information given by me in this application is true and complete to the best of my knowledge knowing that any false information, misrepresentation, or concealment of fact is sufficient grounds for my application to be rejected or, if employed, my employment terminated.

I UNDERSTAND AND AGREE that all information furnished in this application may be verified by the County. I further understand that any offer of employment may be revoked in the event a drug test, given by the County discloses information on me which is considered disqualifying. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the Houston County Government all information relative to my employment, education and character, and hereby release such individuals, organizations, and Houston County from any liability for any claim or damage which may result.

Signature \_\_\_\_\_

Date \_\_\_\_\_

