



# Sheriff's Office Applicant Packet

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**WALTON COUNTY SHERIFF'S OFFICE  
APPLICANT'S QUESTIONNAIRE**

(Please print or type. All questions should be answered completely.)

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

**A. Personal Information**

1. Name: \_\_\_\_\_  
(First) (Middle) (Last)

2. Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Where were you born? \_\_\_\_\_  
(City) (County) (State)

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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

3. Address: \_\_\_\_\_  
(Number) (Street) (Apartment #)

\_\_\_\_\_  
(City) (State) (Zip Code)

4. Phone #: Home: \_\_\_\_\_ Business: \_\_\_\_\_

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

5. Are you: \_\_\_\_\_ Single \_\_\_\_\_ Married  
\_\_\_\_\_ Separated \_\_\_\_\_ Divorced

6. Provide the following information for your spouse:  
Name:

\_\_\_\_\_  
(First) (Middle/Maiden) (Last)

\_\_\_\_\_  
(Social Security Number) (Date of Birth)

7. Is your spouse employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
(Employer's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number)

8. If married, are you living with your spouse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, state reasons: \_\_\_\_\_  
\_\_\_\_\_

9. List below every child born to you, adopted, and any stepchildren and children supported by you.

Name	Date of birth	With Whom & Where Resides
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Are you supporting all children listed above, if not explain.

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

11. Have you ever been bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

12. Are you related to any person who is the owner or employee of a Bail Bonding Company or have you worked for anyone in the bonding business?  Yes  No. If yes, explain fully: \_\_\_\_\_

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13. Have you ever been arrested?  Yes  No. If yes, explain.

Date	Charge	Disposition of Case	Arresting Agency
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14. List the names of the following family members.

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Brothers: \_\_\_\_\_

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Sisters: \_\_\_\_\_

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**B. EDUCATION:**

15. Circle the highest year completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

College Graduate?  Yes  No

High School Graduate?  Yes  No

High School Equivalency?  Yes  No

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

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

Year Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

High School: \_\_\_\_\_

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

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

Vocational School: \_\_\_\_\_

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

Year Graduated: \_\_\_\_\_ Major: \_\_\_\_\_

16. Were you ever expelled or suspended from any school, or were you ever disciplined by any school official? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

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

**C. EMPLOYMENT**

17. What is your present occupation or calling? \_\_\_\_\_

\_\_\_\_\_

18. Are you seeking permanent employment with this department?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

19. Do you have any relatives who work with this department?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list their name(s) and your relationship? \_\_\_\_\_

\_\_\_\_\_

20. Why did you leave your last job or why would you leave your present job for this position? \_\_\_\_\_

\_\_\_\_\_

21. Did a supervisor ever reprimand you for being late or for being absent? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

22. Did a supervisor ever reprimand you for misconduct or not doing your job? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

23. Did you ever have any arguments concerning job duties/working conditions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

24. Have you ever experienced shift work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

\_\_\_\_\_

**D. WORK SAFETY**

25. Have you ever been disciplined for unsafe work practices, or unsafe operation of tool, vehicles, or other equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_







30. List the names of Financial Institutions with whom you do business.

Name

City & State

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31. Do you own a car?  Yes  No

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Will this car be used for transportation to and from work?

Yes  No

32. Do you owe any money on past jobs?  Yes  No If yes, explain:

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33. Are you behind on any payments or debts?  Yes  No

Amount: \_\_\_\_\_

34. Are any of your creditors pressing you for payment?  Yes  No

35. Do you:  Rent or  Own your home?

36. Have you ever filed for bankruptcy, Chapter 7, Chapter 11, or Chapter 13?  Yes  No If yes, explain: \_\_\_\_\_

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37. Have you ever been sued?  Yes  No

Have you ever sued anyone?  Yes  No

If yes, explain: \_\_\_\_\_

38. Have you ever had any judgements filed against you? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**G. MILITARY**

39. Have you ever served in the military or naval organization of the United States? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_

Branch

Dates

\_\_\_\_\_

Highest Rank

Service Number

40. What type of discharge did you receive? \_\_\_\_\_  
(Include a photocopy of your DD-214 with this questionnaire)

41. Are you, or have you, ever been a member of the Nation Guard or Reserve? \_\_\_\_ Yes \_\_\_\_ No If yes, give details: \_\_\_\_\_

\_\_\_\_\_

42. Has any disciplinary action been taken against you while a member of any military organization? \_\_\_\_ Yes \_\_\_\_ No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

43. Are you still on active status in the National Guard or Reserve? \_\_\_\_ Yes \_\_\_\_ No If yes, list branch, rank, and location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**H. DRIVING RECORD**

44. Do you have a current driver's license? \_\_\_\_ Yes \_\_\_\_ No

State: \_\_\_\_\_ License Number: \_\_\_\_\_

Class of License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

45. Have you ever received any traffic citations? \_\_\_\_ Yes \_\_\_\_ No

If yes, list below:

Date	Location	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

46. Have you ever been involved in a vehicle accident? \_\_\_\_ Yes \_\_\_\_ No

If yes, list below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

47. Has your license ever been suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

48. Do you have auto liability insurance? \_\_\_\_ Yes \_\_\_\_ No

Please include photocopies of the following documents with your questionnaire.

1. High School Diploma or GED Certificate
2. Birth Certificate
3. DD-214 (If you have served in the Military)
4. 35 MM Photo or good picture ID
5. Driver's License (copy)
6. Seven Year Driver's History (can be obtained through the Department of Driver Services.)



**AUTHORITY TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby authorize the Walton County Sheriff's Office, or other authorized representative of the Walton County Sheriff's Office bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment and/or educational records; including, but not limited to, academic achievement, attendance, athletic, and disciplinary records.

I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding the information is for the official use of Walton County Sheriff's Office. Consent is granted for the Walton County Sheriff's Office to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university, or their education institution, or other consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually or collectively, from any and all liability for damages of whatever kind; which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any questions as to the validity of this release, you may contact me at the address indicated below.

I understand my application will be subject to verification through a comprehensive background investigation; a part of which may be a polygraph.

Falsification and/or misrepresentation of facts during any phase of the employment process will be grounds for termination of applicant's employment process and/or dismissal.

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FULL NAME: \_\_\_\_\_  
(Signature)

FULL NAME: \_\_\_\_\_  
(Print or type)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_  
(Must have signature, date, and seal)

Applicant's Certification and Agreement  
Authorization to Release Information  
Conditions of Employment

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsifications of this information are grounds for refusal to hire, or if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I also release all such parties from all liability for any damage, which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application.

If I am employed by the Walton County Sheriff's Office, I agree to conform to the policies, rules, and regulations of the government set forth in the Walton County Sheriff's Officer's Personnel System, employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employers at any time, at the employer's sole option.

I further acknowledge that if I become employed with the Walton County Sheriff's Office, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer until I become a non-probationary, regular employee.

If required by the Walton County Sheriff's Office for the position I am applying, I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

**THIS APPLICATION WILL REMAIN ACTIVE FOR 180 DAYS ONLY, UNLESS RENEWED PERSONALLY BY ME IN WRITING.**

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Before an applicant can be selected for employment with the Walton County Sheriff's Office, he/she must submit to a drug test. Should you be offered a job with the Walton County Sheriff's Office, your position may require random drug testing.

May we contact your present employer? \_\_\_\_\_ No    \_\_\_\_\_ Yes    \_\_\_\_\_ Presently not employed

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

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

### **Alcohol and Controlled Substance Testing**

As a condition of employment with Walton County Sheriff's Office, you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. Employees must report any convictions under a criminal drug statute for such violations. A report of the conviction must be received by this agency within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988). In order to be employed by the Walton County Sheriff's Office, you must successfully pass this screening test.

By signing this form, you are acknowledging that you consent to such an examination and screening test.

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



**Walton County Sheriff's Office Consent Form**

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

\_\_\_\_\_  
Full Name Printed

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

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

\_\_\_\_\_  
Sex Race Date of Birth Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

**WALTON COUNTY SHERIFF'S OFFICE**

Pre-employment Drug Testing Policy

I, \_\_\_\_\_, attest by my signature affixed to the bottom of this document that I have been advised it is the policy of the Walton County Sheriff's Office to screen employment applicants for the presence of narcotics and dangerous drugs, through urinalysis test.

As an applicant for consideration of employment with this agency, I attest that I presently agree to submit to such testing, understanding it is a condition of employment.

I further understand that should I refuse to submit to this manner of testing, consideration of my application for employment will immediately cease, and I will be disqualified from hiring.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

## **Application For Employment**

I, \_\_\_\_\_, by affixing my signature below, submit my name for the consideration of employment as a \_\_\_\_\_ with the Walton County Sheriff's Office.

By this document, I authorize the Walton County Sheriff's Office to begin an investigation into my suitability as a candidate for employment.

I further understand that in order to be a candidate for employment, I must be able to comply with the following requirements:

1. Be at least 21 years of age to be employed as a patrol deputy or 18 years of age to be employed as a jailer.
2. Be a citizen of the United States.
3. Possess a valid driver's license.
4. Have a High School Diploma or its recognized equivalent.
5. Be fingerprinted and a search made of local, state, and national files.
6. Be found free of any felony or multiple misdemeanor convictions.
7. Possess good moral character as determined by investigation.
8. Be tested in form of a polygraph and other examinations.
9. Shall be able to work any shift as assigned, day or night, holidays and weekends as required of the job.
10. Be found, after examination, to be free of any condition that might adversely affect the applicants job performance.
11. Be able to meet all qualifications set-forth by the Georgia Peace Officers Standard council.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**