



OFFICE OF THE SHERIFF

160 WINDMILL FARM ROAD
HOMER, GEORGIA 30547

JAIL 706-677-2248
ADMINISTRATIVE 706-677-1814
ADM. FAX 706-677-4687

1. This Request is For:

- Military [E] Licensing [E] Firearm Permit [F] Housing [E]
- Employment working with Elderly [N] Employment working with Mentally Ill [M]
- Employment working with Children [W] Prospective Adoptive / Foster Parents [E]
- Employment Criminal Justice Non-Sworn [J] Employment Criminal Justice Sworn [Z]
- Employment Firefighter [E] Other: _____

2. A History is Requested on the Following Person:

Name: _____
Last First Middle
 Social Security Number: _____ Date of Birth: _____ / ____ / ____
 Race (Check one): White Black Asian American Indian Unknown / Other Sex: _____

3. Person Requesting Criminal History:

Name: _____
Last First Middle
 Company Name (if applicable): _____
 Address: _____ Phone: _____

4. In making this request, I hereby give consent for an inquiry to be made of my Georgia Criminal History. I also give permission for this history to be inquired within the next (circle one) 90 / 180 / ____ days from the date on this request. I agree that the Banks County Sheriff's Department, its employees, heirs, trustees, etc., shall in no way be held at fault for the use or misuse of this record once it has been delivered to me. A photocopy of this request will be placed on file and is valid as an original hereof, even though the photocopy does not contain an original signature. Incomplete requests will be denied. This report is considered accurate at time of inquiry and may change at any time. I also understand that payment is due upon request. Unclaimed results will be destroyed in fourteen (14) days and additional request must be resubmitted.

Photo copy of a legal government ID must accompany this request.

Signature of Person whom Criminal History is being Inquired Date: _____

Signature of Person Receiving Criminal History Date: _____

Official Use Only

Subscribed and Sworn to me
 this _____ day of _____, 20____

Date Received: _____
 Receiving Officer: _____

Notary Public

RETURN: _____



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Greetings,

I would like to personally thank you for your interest in the Banks County Sheriff's Office. We pride ourselves in providing the citizens and visitors of Banks County with the most respectful and professional law enforcement agency in the great state of Georgia.

Becoming an employee of the Banks County Sheriff's Office is not easy and you must be patient. Every candidate must pass a general knowledge assessment exam, physical fitness test, oral interviews, intensive background and credit investigation, voice stress analysis exam, drug screen, and a final interview with myself. I highly recommend beginning a workout regimen prior to applying.

There are many good agencies that pay more and have a lot less stressful hiring process. However, we strive to be at the top of the list when it comes to protecting the public, assisting in our schools, and fighting crime on our streets. I hold each of our employees to the highest of ethical and moral standards. Banks County deserves only the best! If you feel you are that person, I would be honored for you to complete the attached pre-job offer questionnaire and submit it to the administration office located at the Banks County Sheriff's Office.

I look forward to meeting with you in the future,

Carlton Speed, Sheriff

"TO PROTECT & SERVE"

BANKS COUNTY SHERIFF'S OFFICE

PHYSICAL FITNESS EXAM

EVENT	17 – 21	22 – 26	27 – 31	32 – 36	37 – 41	42-46	47-51	52-Over
Push-up 2 minutes	42	40	39	36	34	30	25	20
Sit-up 2 minutes	53	50	45	42	38	32	30	28
1 Mile Run	7:57	8:18	8:30	8:51	9:09	9:21	9:45	9:54

Obstacle course under 2:30 minutes

Obstacle course requires;

175 pound dummy drag for 30 feet

Ladder Climb

Log Drill

Balance Beam

Sprints

Tire Drill

Trigger Pull

BANKS COUNTY SHERIFF'S OFFICE

PRE-JOB OFFER QUESTIONNAIRE

Position applied for (circle all that apply): Jail Officer / Deputy Sheriff / Civilian Employee

INSTRUCTIONS: Print in black ink or type, responding to, and answering every question. If a question is not applicable to you, indicate with N/A. If space is insufficient, use a separate sheet of paper and precede each answer with a number of the referenced block. Please make every effort to include phone numbers in all areas requested! **DO NOT MISTAKE, OMIT, EXAGGERATE, MINIMIZE, OR PROVIDE FALSE OR MISLEADING FACTS. ANY AND ALL OF THE ABOVE ARE CAUSE FOR REJECTION, DISQUALIFICATION, OR DISMISSAL!**

Have you read and do you understand ALL of the above instructions YES NO

PERSONAL

Last Name			First Name			Middle Name		
Alias, Nickname, Maiden Name, or other changes in name (Attach Documents regarding such change.						Social Security Number		
Height	Weight	Eye Color	Hair Color	Scars, tattoos and/or distinguishing marks				
U.S. Citizen		Native		Naturalization Cert. Number		Date, Place and Court where naturalization received		
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>						
Date of Birth		Place of Birth (City, County & State)						
Permanent residence: Street or RFD			City/P.O. Box			State		Zip Code
Current residence: Street or RFD			City/P.O. Box			State		Zip Code
Telephone Numbers								
Permanent residence:					Business:			
Current residence:					Cell Phone:			
E-Mail Address:					Alt. Phone:			

1 Current Marital Status: Married () Single () Separated () Divorced () Widowed ()

Date Married (List present and past)	Spouse's Name	Spouse's Date of Birth

2. List all residences for the past TEN years, beginning with your CURRENT address

Month/Year (From)	Month/Year (To)	Street address	City, County, State, Zip

EDUCATION

3 Do you have a high school diploma or G.E.D.?

Please list school where your diploma or G.E.D. was received.

School name	City, State	Dates from/to	Years completed	Graduated Yes/ No	G.E.D Cert. #

4. List ALL colleges and universities attended. INCLUDING PHONE NUMBERS

School name	City, State	Phone number	Dates from/to	Years completed	Graduate Yes/no
		()			
		()			
		()			
		()			

5 List majors and college degrees.

6. Were you **EVER** expelled, suspended, academically suspended, or disciplined in **ANY** way while attending **ANY** school? If yes, list the official's name, offense, form of discipline, name of school, and approximate date for **EACH** incident. List any accomplices and their phone numbers, and if necessary, any related information.

7. List any other schools or training that you have attended or received, including vocational or business courses.

Name	Dates From/To	City, State	Phone number	Courses taken	Certificate Yes/no
			()		
			()		
			()		

8. List your level of proficiency in a foreign language by placing an X in the appropriate column.

Language	Speaking			Reading			Writing		
	Excel.	Good	Fair	Excel.	Good	Fair	Excel.	Good	Fair

EMPLOYMENT

9. Are you now or have you **EVER** been an owner, part owner, silent partner or corporate member of any business? If yes, state name of business, type of business, involvement or role you had, and time period.

10. Were you **EVER** discharged, terminated, fired, or forced to resign? Did you ever leave a place of employment under mutual agreement in lieu of termination? If your answer is yes to any of these questions, list company name, supervisor, phone number and address of employer, as well as the approximate date and an explanation for **EACH** employer.

Employment (continued)

11. List all places of employment since the age of 18, starting with the most recent job first. Include all periods of military service, full-time schooling, and all periods of unemployment over 3 months. Also list all temporary and seasonal employment. If required, list additional employment on a separate sheet.

From:	Name of Employer
To :	
Beg Salary	Address, Street, City, State and Zip
End Salary	
Phone Number	Name of Supervisor
	Reason for leaving

List job duties:



From:	Name of Employer
To :	
Beg Salary	Address, Street, City, State and Zip
End Salary	
Phone Number	Name of Supervisor
	Reason for leaving

List job duties:



From:	Name of Employer
To :	
Beg Salary	Address, Street, City, State and Zip
End Salary	
Phone Number	Name of Supervisor
	Reason for leaving

List job duties:

Employment (continued)

From	Name of Employer	
To :		
Beg Salary	Address, Street, City, State and Zip	
End Salary		
Phone Number		Name of Supervisor
		Reason for leaving
List job duties		

From	Name of Employer	
To :		
Beg Salary	Address, Street, City, State and Zip	
End Salary		
Phone Number		Name of Supervisor
		Reason for leaving
List job duties:		

From:	Name of Employer	
To :		
Beg Salary	Address, Street, City, State and Zip	
End Salary		
Phone Number		Name of Supervisor
		Reason for leaving
List job duties		

Employment (continued)

From	Name of Employer	
To		
Beg Salary	Address, Street, City, State and Zip	
End Salary		
Phone Number		Name of Supervisor
		Reason for leaving

List job duties:



From:	Name of Employer	
To :		
Beg Salary	Address, Street, City, State and Zip	
End Salary		
Phone Number		Name of Supervisor
		Reason for leaving

List job duties:



From:	Name of Employer	
To :		
Beg Salary	Address, Street, City, State and Zip	
End Salary		
Phone Number		Name of Supervisor
		Reason for leaving

List job duties:

MILITARY

12. Have you **EVER** served in any branch of the military? If yes, list below which branch and specify which nation

Service number	Branch	Nation served if other than the United States
----------------	--------	---

Highest rank held	Rank at separation
-------------------	--------------------

Entry date Location	Separation date Location
------------------------	-----------------------------

List **EXACT** type of discharge:
 **If Less than honorable conditions or Uncharacterized, explain below.

Service number	Branch	Nation served if other than the United States
----------------	--------	---

Highest rank held	Rank at separation
-------------------	--------------------

Entry date Location	Separation date Location
------------------------	-----------------------------

List **EXACT** type of discharge:
 **If Less than honorable conditions or Uncharacterized, explain below.

13. Have you **EVER** been court-martialed, tried on criminal or civil charges, or were you **EVER** the subject of a summary court, deck court, captain's mast, company punishment, or **ANY OTHER** disciplinary proceeding while a member of the armed forces? While in the armed forces, were there any incidents that went unreported or were not investigated? If yes to **ANY** of above, explain below and include punishment received.

14. Have you **EVER ATTEMPTED** to enlist in the armed forces and were refused? If yes, explain below.

DRIVER'S LICENSE

15. Are you able to operate a motor vehicle? If no, explain below.

16. List ALL driver's license(s) EVER issued to you, including any military license or learner's permit.

Issuing authority	License number	Date issued	Date surrendered

17. Are there ANY restrictions or endorsements on your current driver's license? If yes, explain below.

18. Has ANY license(s) issued to you EVER been suspended or revoked? If yes, explain below, listing reason(s) date, and length of suspension.

19. Have you EVER been refused a driver's license? If yes, explain below.

20. Has your driver's license EVER been restricted due to traffic convictions? If yes, explain.

21. Have you EVER, as the vehicle's driver or operator, been involved in a motor vehicle accident, whether reported or unreported? If yes to either, give complete details for EACH accident.

Date	Location: City, County, State		
Invest. by Police? Yes () No ()	If yes, agency initiating report.		
Report number	Cause of accident		
Was the accident an injury (), non-injury (), or fatality () type? Who was charged, and what was the court disposition?			
Date	Location: City, County, State		
Invest. by Police? Yes () No ()	If yes, agency initiating report.		
Report number	Cause of accident		
Was the accident an injury (), non-injury (), or fatality () type? Who was charged, and what was the court disposition?			

DRIVER'S LICENSE CONTINUED

Date	Location: City County State		
Invest. by Police? Yes () No ()	If yes, agency initiating report		
Report number	Cause of accident		
Was the accident an injury () non-injury () or fatality () type? Who was charged, and what was the court disposition?			

Date	Location: City County State		
Invest. by Police? Yes () No ()	If yes, agency initiating report		
Report number	Cause of accident		
Was the accident an injury () non-injury () or fatality () type? Who was charged, and what was the court disposition?			

Date	Location: City County State		
Invest. by Police? Yes () No ()	If yes, agency initiating report		
Report number	Cause of accident		
Was the accident an injury () non-injury () or fatality () type? Who was charged, and what was the court disposition?			

22. List **ALL** traffic citation(s) that you have **EVER** received. These include moving and nonmoving citations **regardless of court disposition or whether they appear on your driving history** (Parking citations should also be listed here. If you have numerous parking citations, list only the total number received.)

City, State	Issuing authority	Date	Violation cited	Disposition (Points?)

VEHICLE INFORMATION

23. List ALL vehicles that you currently own, operate, or lease.						
Year	Make	Model	Color	Tag number/State	Own?	
					Yes	No
24. Do you presently have automobile liability insurance? Yes () No () If so, insurance company and policy number:						
25. Have you EVER had your automobile insurance revoked, or have you ever been denied auto insurance? If yes, give a brief explanation.						

ARREST, DETENTION, LITIGATION

26. Have you ever been questioned, detained, issued a Notice to Appear or arrested, by ANY law enforcement agency? List <u>ALL</u> arrests, including juvenile or traffic. It is MANDATORY that you include those ARRESTS that were sealed or expunged, or any in which you plead Nolo Contendre.				
Investigating agency	City, County, State	Date	Report Number	Why questioned/ detained or crime charged?
1.				
2.				
3.				
What was the disposition of any of the arrest(s) or detainment(s) listed above? Include details such as incarceration, probation, pretrial intervention, or community service. If more than one incident, specify by number and be specific.				
27. Have you ever been placed on probation or parole? Yes () No (). If yes, explain.				
28. Have you ever been required to pay a fine for anything? Yes () No (). If yes, explain.				

29 Has any family member, immediate or otherwise, **EVER** been arrested and/or been convicted of a criminal offense? If yes, list below.

Name	Relationship	Offense	Arresting agency	Date

30 Have you, or **ANY** member of your family **EVER** been a victim of a crime? If yes, explain.

31 Have you **EVER** sued, been sued, or are you currently suing anyone? If yes, explain.

FINANCIAL INFORMATION

32 What is your **TOTAL** indebtedness at this time?

33 Have you **EVER** had **ANY** account remanded to a collection agency? If yes, explain.

ILLEGAL DRUGS

34 Have you **EVER** illegally used, experimented with, tried, or otherwise felt the effects of marijuana, other than on occasions where it was medically prescribed? If yes, list the last time that you used marijuana illegally and the circumstances.

35 Have you **EVER** illegally used, experimented with, tried, or otherwise felt the effects of **ANY OTHER** illegal, non-medically prescribed drug including, but not limited, to: Steroids, cocaine, any hallucinogen, mushrooms, LSD, hashish, opiates, inhalants, amphetamines, methamphetamine (crystal meth)? If yes, list the drug, the last time used, and circumstances.

36 Have you ever sold or supplied drugs to anyone? If yes, explain below.

PRIOR LAW ENFORCEMENT (if not applicable, put N/A for questions 39 thru 41, and go to question 42)

39. Have you ever been the subject of an Internal Investigation? If yes, explain below. List the disposition.
40. List any Citizen complaints, on-duty crashes and discourtesy complaints against you. List the disposition.
41. List all Use of Force complaints, including discharging a firearm, accidentally or otherwise, not investigated by Internal Affairs. List the disposition.
42. Have you ever been suspended, counseled or reprimanded? If yes, list each offense and type of discipline.
43. Are you related, acquainted or affiliated with any member of this Police Department? If so, whom?
44. Have you EVER cohabited or associated with any known felons? If yes, explain below.
45. Have you EVER been a member of or associated with any known gang? If yes, explain.
46. Have you EVER been arrested or investigated for, involved with or accused of any type of DOMESTIC VIOLENCE crime or incident? If yes, explain the circumstances in detail, using a separate sheet if necessary.

THEFT	
47. Have you ever stolen anything? If yes, what is the most valuable thing you have ever stolen? Explain circumstances below (when, where, amount, etc.).	
48. What is the most recent item that you have stolen and when?	
VICE	
49. Have you ever used the services of, paid for the services of, or been paid as a prostitute? If yes, explain.	
50. Have you ever engaged in any sex crime including, but not limited to, child pornography, solicitation, or molestation? If yes, explain.	

SOCIAL MEDIA	
Facebook user name:	Twitter user name:
Google user name:	Yahoo user name:
My Space user name:	Backpage user name:
Other accounts:	Other accounts:
If requested, are you willing to provide passwords to all of your social media sites accounts? _____	
If no, please explain.	

Is there any circumstance or information of any type that would preclude you from any position with the Banks County Sheriff's Office, or that you feel may be relative to your background investigation?

IMPORTANT INFORMATION
READ CAREFULLY

NOTE: Unless specifically deemed to be exempt or confidential by law, the information provided in or with employment applications, resumes, pre- or post-job offer questionnaires or any other documents obtained, created, used or submitted to process applications for employment are subject to disclosure, if requested by a third party, pursuant to the State of Georgia's Public Records Law.

I, _____, am being considered for employment for the position of _____.
I understand that this document is part of my official application for the above position.

By signing this document, I hereby certify that all information contained herein and all documents submitted are true, accurate, and complete to the best of my knowledge. I further certify that there is no exaggeration, falsification, misrepresentation, or omission. I understand that all statements and documents are subject to verification and investigation, and that any exaggeration, falsification, misrepresentation, omission, misleading information, or other unfavorable data which may be developed in the course of my background investigation is sufficient cause for disqualification, immediate dismissal from County service, and/or disqualification from the hiring process for any position within the Banks County Sheriff's Office.

I consent to submit to a background investigation, as well as other processing which may include, but may not be limited to, medical urinalysis, mental health evaluation, polygraph examination, fingerprint processing, interviews with past or present employers or any other means deemed necessary to determine my suitability and fitness for the position for which I have applied. I understand that I must successfully complete the above mentioned and possibly other phases of the hiring and background investigation process according to the standards set forth by the Banks County Sheriff's Office.

I understand that the Banks County Sheriff's Office or any of its agents will not reimburse me for any expenses that I might incur as a result of having processed for any position. I recognize that the selection and hiring process can be time consuming and therefore no promises or commitments regarding a hire date are implied.

I understand and consent to all of the above requirements and conditions.

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by _____

_____ Applicant signature

_____ Notary signature

_____ Notary print

Personally known ____ or produced identification ____.

Type of identification produced _____

NOTE: Job applications, résumés, and pre- and post-job offer questionnaires must be made available for public inspection upon request and cannot be kept confidential. Only information that meets the specifications and provisions of the State of Georgia's Public Records Law will be released.